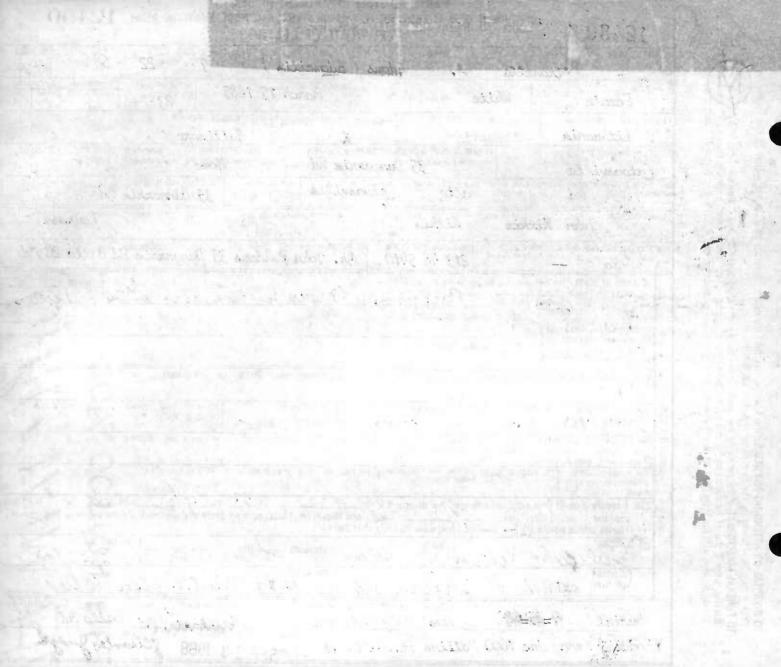
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 124 90 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME Middle Last 20. DATE OF DEATH First Manth 22 Doy 68 Year 9 (Type or print) Petronella Adams Adamaiti M. S. DATE OF BIRTH 15 1885 4. RACE 6. AGE (In years IF LINGER 1 YEAR IF LINGER 24 HRS. 3. SEX after last birthday) DAYS White HOURS Female YRS burial-transit permit. Then please remove carban papers. Pa burial, crematian, ar remaval, and in any event, within 72 haurs 24 haurs pletely filled in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Lithuania Baltimore Lithuania WIDOWED [X] DIVORCED [ 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR within give street address) 35 Dungarrie Rd working life, even if retired.) INDUSTRY during most af atonsville 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) STATE Md 18b. COUNTY Batto 13e. STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 35 Dungarrie Rd YES exe John IS. MOTHER'S MAIDEN NAME Middle Taurosa 14. FATHER'S NAME Kilkis Mary pup The law requires that the death certificate be Mr. John P Adams 35 Dungarrie Rd Balto 28 Md 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dates of service) 213 48 5410 Yes, na, ar unknawn) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Carcinana IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health priar to this certificate has been be detached far use as the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19gaDATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? Caremun ewek YES [ NO T 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year P.M (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION State 21d INJURY OCCURRED Street or R.F.D. No. City or Town County While Not while at wark 22a. I certify that (I) (this hospital) attended the deceased from. O FUNERAL DIRECTOR: After 19 (at , and that in (my) (our) opinion death occurred an the date and hour and fram the saw the deceased alive an\_\_\_\_\_ shauld causes stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** directar, page 3 shauld be filed v PHYS. DIRECTOR PHYS 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS 1227 23b. DATE 23d. LOCATION (City of Town) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a. BURIAL, CREMATION, (County) Balto Md Most Holy Redeemer Thomas J Kenny Inc 1600 Hollins St. Balto Md 30M REV. 1468



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 24 91 12481 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR within 24 hours after deoth. (Type or print) Month 9 1968 1:30/ Akehurst Grace Fowble 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) HOURS White 3-9-1893 Female ve carbon popers. Pog event, within 72 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) ely filled in DIVORCED [ USA WIDOWED | Md. Balto. 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) York Rd., Hereford, Md. during most of warking life, even if retired.) INDUSTRY Home Hereford, Md. 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 113c. CITY OR TOWN 13e STREET AND NUMBER complet 13d. INSIDE CITY LIMITS? executed odmission) STATE 13b. COUNTY Md. Hereford Balto. York Rd. buriol, cremation, or removal, and in any 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be, Peter Fowble Cole Kemp Irene Florence pleose attending physicion 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, no, or unknown) 218-32-2889 Mrs. Jane A. Pearce, Butler, Md APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) taslas DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) buriol-tronsit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO V YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased fram May , 19 60 , ta Sept. 24 , 19 68 , that (I) (XX)XXX saw the deceased alive an Aug. 19 68 , and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (1) (did) (ADCKA) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 9-24-1968 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 108 E. 33rd St. Balto., Md. 21218 Joseph H. Hooper, Jr. M.D. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (State) BMOVAL (Specify) Balto. County, Md. 9-26-1968 Black Rock Cem. 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 26 DATESEP 1968 Wm. Cook-Brooks Towson, 1050 York Rd. 21204 30M REV.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 24 92 12482 CERTIFICATE OF DEATH Lost je funeral jes 1 and 2 offer deoth. 1. DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR 24 hours after deoth ALBERS (Type or print) Month. ALBERT 9:15AM S. DATE OF BIRTH 7/20/07 IF UNDER 24 HPS 3. SEX 4. RACE IF UNDER 1 YEAR 6. AGE (In years last birthdoy) WHITE MALE 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED BALTIMORE, MARYLAND BALTIMORE COUNTY. U.S.A. DIVORCED A WIDOWED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ID CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INSULATOR CO. HOSPITAL ORT HOWARD 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER event odmission) STATE MARYLAND requires that the death certificate be executed 136. COUNTY 3225 E. Baltimore Street BALT IMORE YES NO and com signed by the attending physicion and co burial-transit permit. Then pleose remov burial, cremotion, or removal, ond in ony 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle MARY GRAII ALBERS JOHN 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) CLIN.RECORDS, VA HOSPITAL, FT HOWARD, MD. 215 09 63 21 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH S CAUSED BY:
IMMEDIATE CAUSE (o) CARC INOMA OF THE URINARY BLADDER (TERMINAL) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF WITH METASTASIS TO INGUINAL LYMPH NODE AND LUMBAR Conditions, if ony, which gove: rise to immediate couse (o), VERTEBRAE DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to OR ATTENDING PHYSICIAN: The low 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO AUTOPSY YES T 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while of work 22a. I certify that (b) (this haspital) attended the deceased fram 6/9/68 saw the deceased alive on 9/3/68 19, and that in 6 , ta 2/3/68 and that in (xag) (aur) opinion deoth occurred on the date and hour and from the be retained causes stated abave, (t) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR ung of MD 9/3/68 DEGREE 22d. PHYSICIAN'S HOWARD, MARYLAND NAME (Type) ERHARD J. BUNYOR, M. D. 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BEMANAL (Specify) 9-6-68 BALTIMORE NATIONAL BAITIMORE, MARYLAND 25g, REC'D BY REGISTRAR
HOME SEP 6
STDATE BOTTOM 24 FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68 Raltimore

THEBALA A STATUTE WATER OF .E.B. U. M. CLANGE SCHOOL STREET and the state of t Japan garagan a Ca · Phylliplus in plan (12) to present the same of the least the same of the sam (Aldrice) medical realists and St. Lettered, 2004 THE RESERVE THE SCHOOL THE PARTY OF THE PART wasangan kanagalan da da da ang anta kana 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12493 2b. HOUR A DECEASED-NAME Middle Last 2a. DATE OF DEATH ely filled in by the funeral ban papers. Pages 1 and 2 within 72 hours after death. haurs after death (Type or print) Month Jesse 8:00M A. Albright Sept. 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER I YEAR 3. SEX last birthday) Maile White 9-27-87 80 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or.foreign 8. MARRIED NEVER MARRIED 1.5 Baltimore, Md. WIDOWED X DIVORCED [ U.S.A. Baltimore 3 1.1 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR pan dive street oddress Grove State Hosp. during most of working life, even if retired.) INDUSTRY Catonsville eyely Bloomfield 13d, INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13b. COUNTY Baltimore NO 1723 Wilson Avenue burial, crematian, or remaval, and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Anna Orndorf requires that the death certificate be P. Albright Jesse attending physician permit. Then please 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. or unknown) Spring Grove State Hosp. Records 214-54-7912.11 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) \_\_ Cardeac Arrest DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-transit p Canditians, if any, which gave ) (b) Generalized Arteriosclerious Intestinal fibrosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Of Bath lungs Page 4 may be retained by the haspital ar attending physician. stating the underlying couse (c) Ca. of rectum and poss. metastasis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ficate has been s far use as the t f Health prior to b CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M State Dept. of 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work TO FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State causes stoted obove, (1) (we) (did) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** STAFF PHYS. 9-21-68 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Spring Grove State Hospital Evelio A Felipe 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Virget Cemetery Baltimore, Maryland 9-24-1968 24. FUNERAL DIRECTOR ADDRESS 2Sa. VR ATS Howard H. Hubbard, 4107 Wilkens Ave.

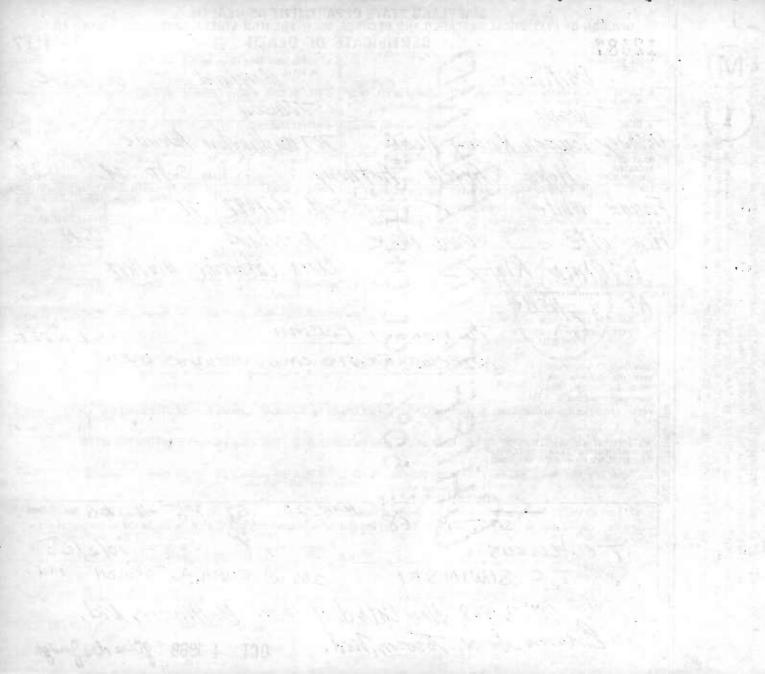
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2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
# @ Y#	12487 CERTIFICATE OF DEATH	2497
er deat	1. PLACE DF DEATH a. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence as STATE Maryland b. COUNTY Balting	ce before admission)
by the Pages Hours afte	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	lve nearest town)
tried basers	Dulaney Towson Nursing Home 707 Washington Avenue	e. IS RESIDENCE DN A FARM? YES NO
withir pletely carbon nt, with	3. NAME OF DECEASED (Type or print) Helen Angela Anthony Last 14. DATE Month DECEASED (Type or print) Helen Angela Anthony	Year 1968
certificate be executed within 2 ding physician and completely fig. Then please remove carbon paremoval, and in any event, within	Female White Widowed Divorced Sept. 16,1897 9. AGE (In years If Under 1 YEAR)  Widowed Divorced Sept. 16,1897 9. AGE (In years If Under 1 YEAR)  Widowed Divorced Sept. 16,1897 9. AGE (In years If Under 1 YEAR)  With the Widowed Divorced Sept. 16,1897 9. AGE (In years If Under 1 YEAR)  With the Widowed Divorced Sept. 16,1897 9. AGE (In years If Under 1 YEAR)	
be ey sician a sician a and in a	10a. USDAL OCCUPATION (Give kind of work done luping most of working life, even If retired)  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  OUT HOME	OF WHAT
rtificate ng phy hen pl moval,	13. FATHER'S NAME 14, MOTHER'S MAIDEN NAME CLARA CATHERINE MY/len	
eath certifical : attending phy ermit. Then on, or removal,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address (Yes, ng. or unkown) (If yes give war or dates of service)	
at the de ian. id by the transit pe	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PULMONARY FDEMA	ERVAL BETWEEN SET AND DEATH WEEK
PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. This certificate has been signed by the attending physician detached for use as the burial-transit permit. Then please to Dept. of Health prior to burial, cremation, or removal, and in	Conditions, If any, which gave rise to Immediate cause (a), stating the DUE TO  DUE TO ARTECIOSCLERCOTIC CARROLO MASCULARE DUSTASE  DUE TO DUE TO DUE TO DUE TO	
PHYSICIAN: The law require the hospital or attending this certificate has been detached for use as the e Dept. of Health prior to	underlying cause last. (c)	WAS AUTDPSY PERFORMED?
Spital o sertifical ed for a cof Hea	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  42 2 /  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.)  BY THE CONTRIBUTING CONTRIBUTION CONT	ES NO
TO HOSPITAL OR ATTENDING PHYSICIAN PAGE 4 may be retained by the hospit TO FUNERAL DIRECTOR: After this certi director, page 3 should be detached f should be filed with the State Dept. of	20c. TIME OF INJURY Month, Day, Year   20d. INJURY DCCURRED   20e. PLACE OF INJURY (Home, farm, left)   20f. (City or town)   (County)   factory, street, office bldg., etc.)   p.m.   19   at work   at work   19   at	(State)
OR ATTENDING be retained by INRECTOR: After ge 3 should be	21. I certify that (I) (this hospital) attended the deceased from 1972 20 , 1957, to 527 29, 1968, to saw the deceased alive pn 527 28 1968, and that death occurred at 1988 M, from the causes and on the day	te stated above.
IL OR A say be re no page 3 sage 3 filed wi	22a. SIGNATURE  7. C SUUTUS &  M.D. ATTENDING MED. STAFF   22b. DATE S  10/2/	C 8
O HOSPITAL Page 4 may D FUNERAL I director, pag should be fill	22c. PHYSICIAN'S T. C. SIWINSKI 22d. ADDRESS 206 W. PENNA AC TOCUSON	Md.
Par Par TO F dires	BURIAL, GREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	(State)
VR AI5 (4) 20M 1/65	John During Song, Touson, Wed. DATE OCT 4 1968 golvenles	Judge



1	maryland state department of health  12483  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE,  CERTIFICATE OF DEATH	, MARYLAND 21201	12498
	(Type or print) JOSEPH AUSBY	ATE OF DEATH  Month  1809	1968 4:45P M
Z	SEX 4. RACE 5. DATE OF BIRTH 8/10/06	6. AGE (In years last based day)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70	BIRTHPLACE (Stote or foreign VIRGINIA 7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUN WIDOWED   DIVORCED   BAI	ITY OF DEATH	• Md
3 1	ORT HOWARD Give street address WET. ADM. HOSPITAL during Tablore	PATION (Kind of work dane orking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
0 0	mission) STATEIARYLAND JAB. COUNTY BALTIMORE YEX NO	13e. STREET AND NUMBER 911 N. CAROLT	NE STREET
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First FRANCES	Middle	FAULC ON
	o. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no return nown)  (If yes give was calculates of service)  YES, no return nown)  (If yes give was calculates of service)  217 07 66 02 CLIN.RECORDS, VA H	OSPITAL, FT H	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  HEPATIC COMA		APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH HOURS
	Conditions, if any, which gave best to immediate cause (a)  (b) HEPATOMA WITH METASTASIS		UNKNOWN
	lost. DUE TO, OR AS A CONSEQUENCE OF (c)		YEARS
2		N GIVEN IN PART 1(0)  20b. IF YES, WERE FINDINGS CO CAUSES OF DAUTOPS Y	INSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter noture of the contribution of the contribut	of injury in Port 1 or Port 2, It	rem 18.)
	While Not while of work at work	City or Town	County State
	22o. I certify that (IF (this hospitol) ottended the deceased from 9/9/08, 19, the sow the deceased alive an 9/18/08 19, and that in (IFF) (our) opinion decauses stated above, (Iff (we) (did) (did not) view the body after death.		
	22b. SIGNATURE Cher DEGREE ATTENDING MED. DEGREE PHYS. DIRECTOR  22d. PHYSICIAN'S 22e. ADDRESS	STAFF PHYS. 3E 9.	ATE SIGNED /20/68
2		LOCATION (City or Town)	(County) (Stote)
	BURINGYAL (Specify)  9-23 68 BALTIMORE NATIONAL  BADDRESS  WILSON FUNERAL HOME  PATENCE 250. REC'D BY REGIST  OF THE PATENCE 2 6		TAND

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Thomas A. Barnes  OF ESTI- DEATH MATED  Sept. 19 1968 4 1			DIV	ISION OF VI			DEPARTMENT ESTON STREET, B			D 21201			
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18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) College of Colle	n 24 il in ner's ner's ours	160.	WAS DECEASED EVER IN U.S. A		16b. Si	OCIAL SECURITY NO.		nown		ADDRES	S		
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PRIMARY OR CONTRIBUTING HOUR A.M.  P.M. 19    Primary Occurred Hour A.M.   P.M.   P.M.		ERTIF	210 EXTERNAL CALISE WAS	216	TIME OF INTURY	Month Day Year	214 HOW INTILE	A UCCIIBBED (E	ster nature o	finium in Part Lar	Part 2 Itam		NO [
21d. INJURY OCCURRED  WHILE AT WORK AT WORK  AT		CALC	PRIMARY OR CONTRIBL	ITING 🔲	HOUR A.M.		210. 11017 11701	TOCCORRED (EII	ner name o	i injury in rati i ai	rgii Z, ileli	11 10.)	
22a. I certify that I took chorge of the remains described obove, held an Autopsy, Inspection, Inquiry ond in my opinion deoth resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner Actival, Signature, Accident, Suicide, Hamicide, Undetermined manner, Actival, Actival, Accident, Suicide, Hamicide, Undetermined manner, Actival, Accident, Accident	3 Sample No.	MED	21d. INJURY OCCURRED		NJURY (At hom		21f. LOCATION S	treet or R.F.D. No.		City or Town		County	State
deoth resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner     Chief Medical Examiner   Actual Signature   Signature   Signature   Signature   Signature   Actual Signature   Signa	XAN te the tyour oge cren		AT WORK NOT WHILE AT WORK	foctory, office	building, etc.)								
230. BURIAL, CREMATION, REMOVAL CREMATION, REMOVAL CREMATORY Sept. 21,68  23c. MAME OF CEMETERY OR CREMATORY BALTIMORE MARYATAN* Maryland  23d. LOCATION (City or Town) (County) (Store)  REMOVAL CREMATORY BALTIMORE MARYATAN* Maryland	VI E. Pog for Tiol, riol,							Autopsy,	Inspec	tian 🔲 , Inc	uiry 4	ond in my	y opinior
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# Z4. FUNEKAL DIKECTUR ADDRESS 125g. REC'D BY REGISTRAR 125b. REGISTRAR'S SIGNATURE		- 04		Sept.21	,68		nedral Cem				-		and
VRAISME (Loring Byers 8728 Liberty Rd. Randallstown Md. DATE SEP 2 3 1968 Actionles Judge.	VR ATSME ( )			2728 Tib	ert.v R		llstown Md	250. RECT	FP 2	3 1968			Lak

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MARYLAND STATE DEPARTMENT OF HEALTH 12490 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First 20. DATE OF DEATH 2b. HOUR deoth. within 24 hours after death (Type or print) CHRISTIAN BAUER after S. DATE OF BIRTH 3. SEX 4 RACE IF LINDER I YEAR 6. AGE (In veors oges last birthday) CAUCASTON JAN 3. 1890 MALE 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED MARY LAND popers. filled in U.S.A. WIDOWED [ DIVORCED [ BALTIMORE 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR g most of working life even if retired ) copribletely FORT HOWARD 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER certificate be executed 13b. COUNTY BALTIMORE 2910 SALISBURY AVENUE 9 BALITIMORE crematian, or removal, and in ony 14. FATHER'S NAME Middle First Middle Lost 1S. MOTHER'S MAIDEN NAME First Lost ZWICK CLEMENTS R BAUER KATHERINE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) 217 54 2906 CLINICAL RECORDS. VAH FT HOWARD. MARYLAND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY: RECENT PULMONARY INFARCTION IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave) OLD ARTERIOSCIEROTIC HEART DISEASE buriol-transit rise to immediate cause (o), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause buriol. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retoined by the hospital or attending BILATERAL, OLD prior to FUNERAL DIRECTOR: After this certificate has been CHRONIC PYELONEPHRITIS WITH PYOURETER. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES | NO [ far use Heolth 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year filed with the State Dept. of (If either, natify medical examiner) detached (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City ar Tawn County While Nat while 22a. I certify that (\* (this haspital) attended the deceased fram 9/2/68 saw the deceased alive an 9/23/68 19, and that in a causes stated abave (we) (did) with wiew the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 9 23 68 ATTENDING DEGREE DIRECTOR PHYS. PHYSICIAN'S 22e. ADDRESS MAME (Type) JOHN VA HOSPITAL, FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION 23b. DATE (County) 0 BALT IMORE. BALTIMORE NATIONAL

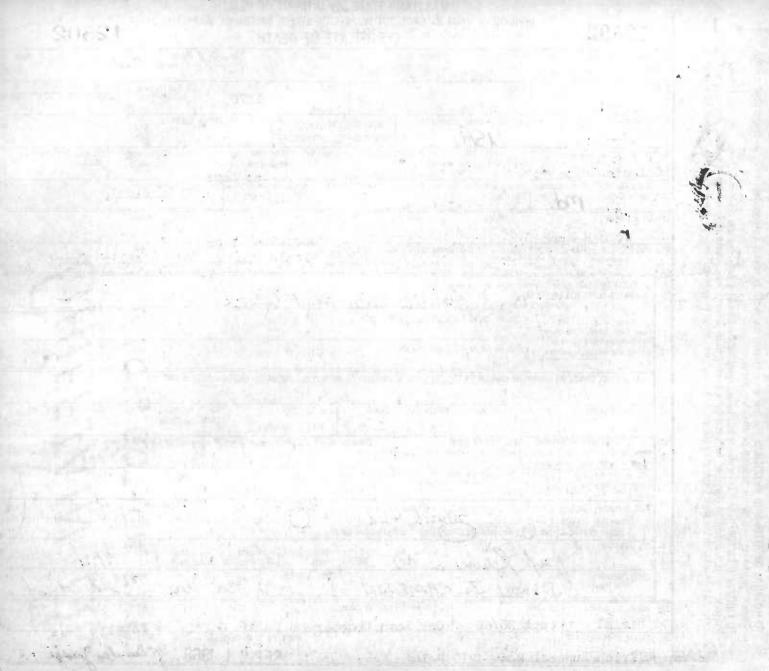
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECFASED-NAME First Middle Last 2g DATE OF DEATH 2b. HOUR P death. 24 haurs after death. and (Type or print) ROYAL Doy6 THEODORE Month BAUER 9 SR. 684:25M 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy YRS. 10-22-97 CAU MALE 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) papers Balto. Co. BALTIMORE WIDOWED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital lled IO. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) INDUSTRY carban Towson Landscape Co 3 carroletel event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed admissian) STATE 13b. COUNTY YES NO T 5100 Hazelwood Avenue remove in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Last and **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be Page 4 may be retained by the haspital ar attending physician. physician ( Frank Bauer Roase burial, crematian, ar remaval, and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) Mrs Manie Bauen 5100 Hamilton Avenue attending p 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY RESPIRATORY FAILURE IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit Conditions, if any, which gave ) CA OF LUNG WITH METASTASIS rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) detached far use as the te Dept. af Health priar ta TO FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from—saw the deceased alive on—9-6—19-68, a 3-1-19 68 ta 9-6 68, that (P (we) last 19 68, and that in (my) (our) opinian death occurred on the date and hour ond from the saw the deceased alive on\_ director, page 3 should should be filed with the couses stated above, (I) (we) (did) (did nat) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. STAFF amma DEGREE PHYS. DIRECTOR PHYS. 9-6-68 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) D. MOHAMMED, M.D. 6701 N CHARLES ST BALT. MD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) REMOVAL (Specify) Baltimore 9-9-1968 Md. Oak Lawn Cemetery Co. 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 DATESEP 1968 Lassahn Ameral Home 7401 Belair Road 21236

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EASED-NAME First pe or print) Theres	Middle a Beitz	Lost	20.5	DATE OF DEATH Month 17/6	8 Yeor Zb. HOUR
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RTHPLACE (Stote or foreign y) Maryland	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER WIDOWED D	MARRIED 9. COU	NTY OF DEATH	Md.
lgate Balto C	give street oddress)  O BOOO Lands  sed lived, if institution: Residence befo  13b. COUNTY	dale Road e 13c. CITY OR TOWN	during most of v	vorking life, even if retired.)	INDUSTRY
	MED FORCES?   16b. SOCIAL SECURI	TYNO 117 INFORMANT	sephine Gri	Middle Address	Lost
			Timite vient	ie 3013 Glenki	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDI Gonditions, if ony, which gove isse to immediate cause (o), istating the underlying cause ast.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  NOTIONS CONTRIBUTING TO DEATH BUT	DF  NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITI		ANCINCOLO IN CODIFYING
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OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Ye iner) P.M.	or 19		e of injury in Port 1 or Port 2, 1	item 1B.)
21d INTERY OCCURRED 21e	. PLACE OF INJURY ( AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County Stote
22a. I certify that (I) (the saw the deceosed of causes stated above	olive an March	_19 68, and that in	my (aur) opinion	death occurred on the do	
22b. SIGNATURE	of Sameron n	DEGREE PHY			PISICF
		/ 22e.	ADDRESS	10.101	01
22d. PHYSICIAN'S NAME (Type)		ERON DE CEMETERY OR CREMATOR	1012 00	LOCATION (City or Town)	RA H 14
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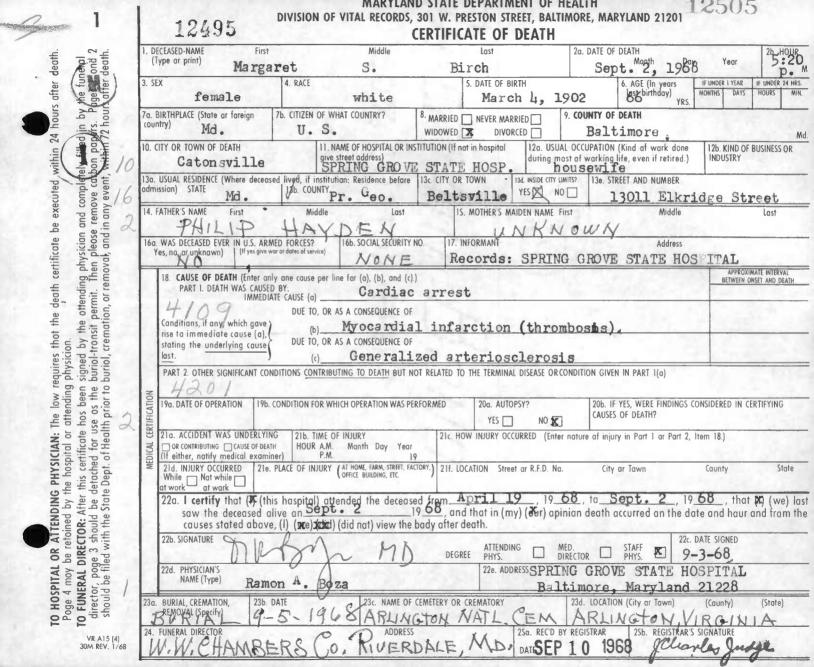
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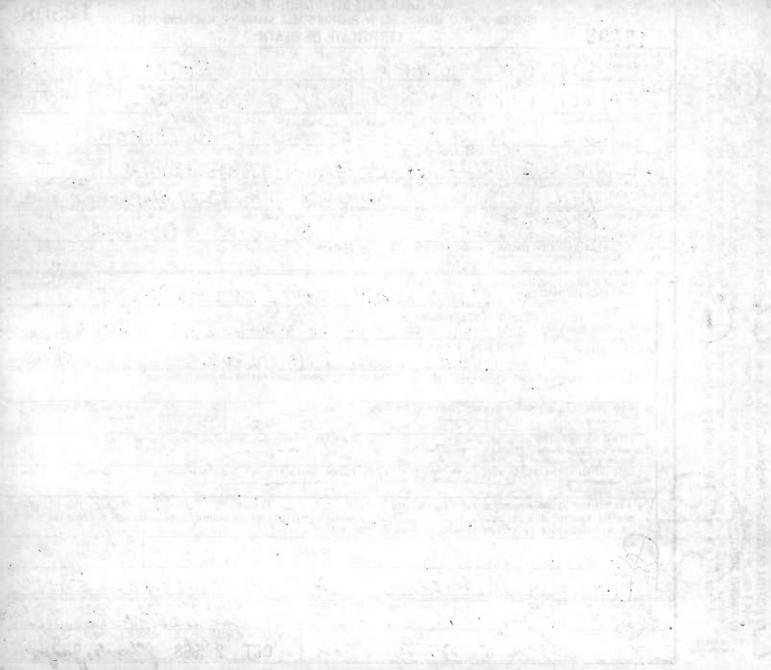


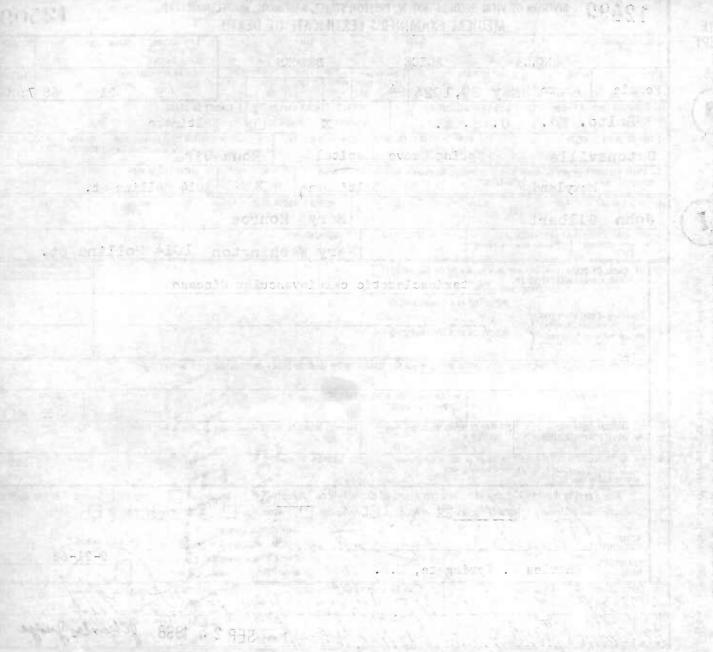
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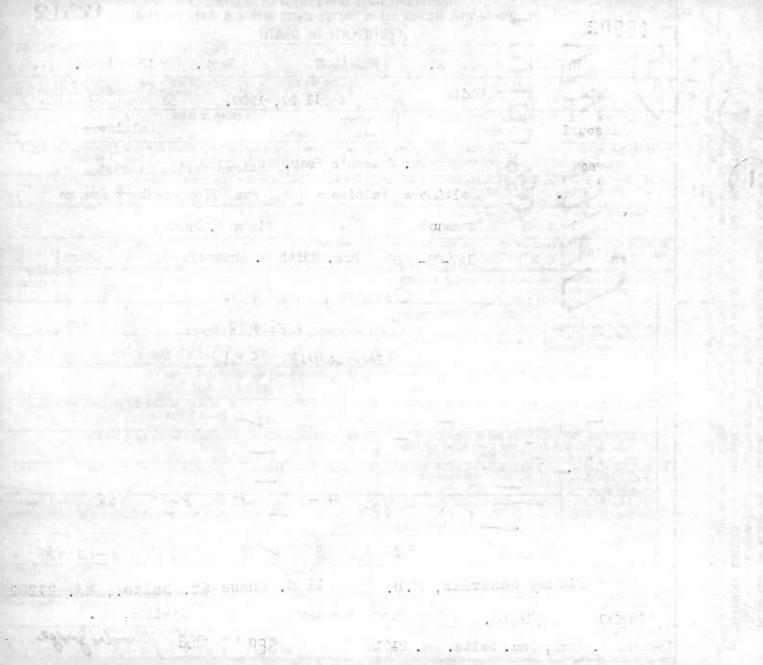


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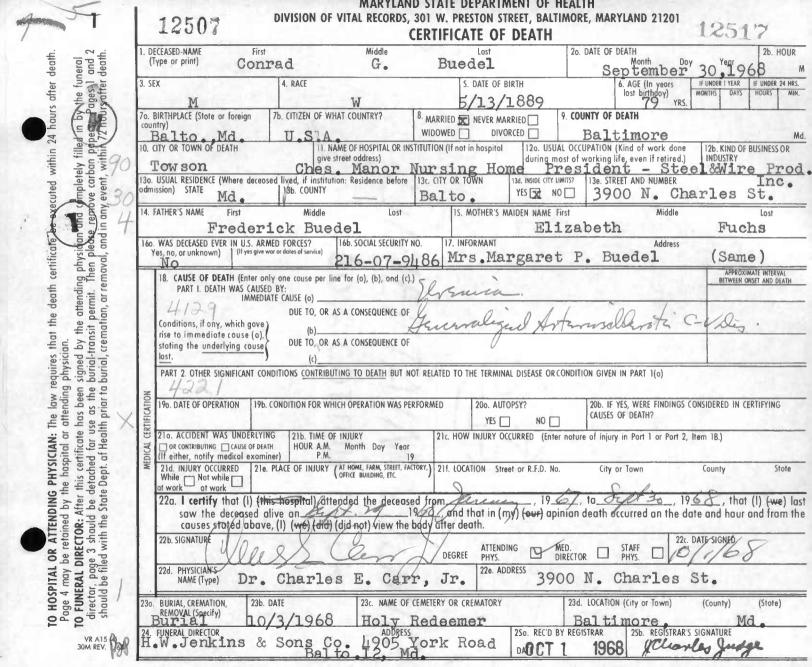
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	CERTIFICATE OF DEATH 125	516
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OR AI De reta IRECT IRECT IN with	22b. SIGNATURE  Charles N. Williams  M. D. DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  DEGREE PHYS.  22c. DATE SIGNED  9-24-0	68
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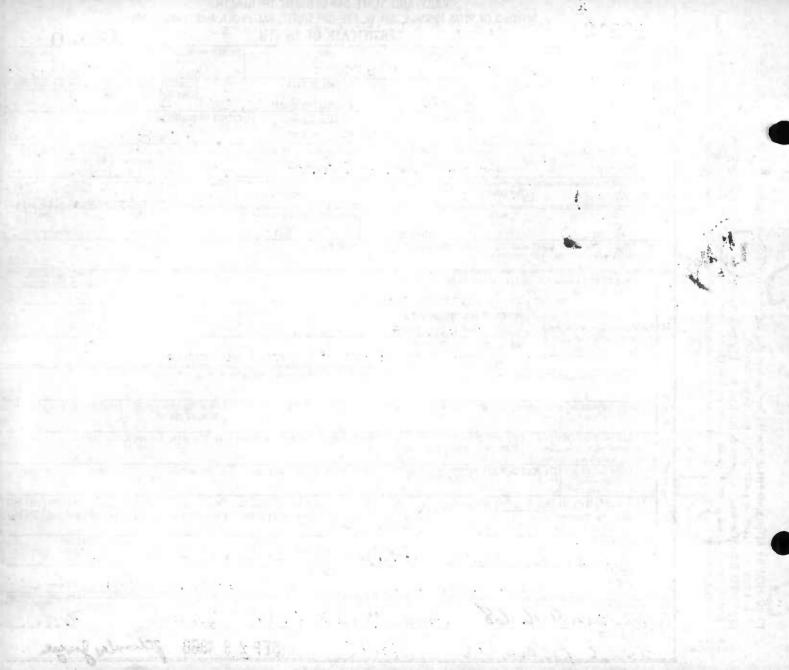
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68 G	Truman Schwab, 5	ADDRESS 151 Balto.Natl.Pike	Baltimore.	SEP 1 0	1968 25b. REGISTRAR	'S SIGNATURE	e.

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equires that the physician. signed by the burial-transit p		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF			,		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law rate Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the shauld be filed with the State Dept. of Health prior to		22a. I certify that (I) (the	nis haspital) attended the deceasulive anthe deceasulive anthe deceasulive and the deceasuliv	ed from SEPT 11, 19_60 and that in (my) (our) bady after death.	19 <u>68</u> , ta <u>s</u> ) apinian death (	EPT. 12, 19 accurred on the da	68 , that te and haur o	(I) (we) last nd from the
may be retained RAL DIRECTOR: A page 3 should be filed with the		22b. SIGNATURE	· Clini	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. X 9/	13/68	
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TO HOSPI) Page 4 m To FUNER director, shauld b	23a.	170011110	9/16/68 GARDI		23d. LOCATIO			(State)
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4	3. SE	X	4. RACE	5. DATE OF B	IRTH	6. AGE (In years	MONTHS DAYS	IF UNDER 24
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· 宣 图 a 注	ID.	OR TOWN OF DEATH	give street address)	Lei 2 h	OCCUPATION (Kind of work dane of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached far use as the burial-transit p should be filed with the State Dept. af Health priar ta burial, cremating		rise ta immediate cause (a),	(b) Pred ruese	W.		
		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
5.5.		PART 2. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)	
ta b	N.	493X				
as 1 oriar	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDIT	TION FOR WHICH OPERATION WAS PERFORM		2Db. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
いま ×	ERTIFI	01 - ACCIDENT WAS UNDERLYING I	all the of Miliar	YES NO		
if He	MEDICAL C		21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19	21c. HOW INJURY OCCURRED (Enter na	ture at injury in Part I ar Part 2, II	rem 18.)
e Dept. o	ME			21f. LOCATION Street or R.F.D. No.	City or Town	County State
be o	П	22a. I certify that (I) (this hos	spitol) attended the deceased from	om_8-1-68,19	_, to <u>9-24</u> , 196	that (I) (we) last
uld be of the State	ш	sow the deceased alive of courses stated above. (1)	(we) (did) (did not) view the body	and that in (my) (our) opinio ofter death.	n deoth occurred on the dat	e ond hour and from the
sh vitiv		22b. SIGNATURE	120		22c. D	DATE SIGNED
ed v	Н	Viceille	Il Kel alco.	DEGREE PHYS. MED. DIREC	TOR PHYS.	9-24-68
<b>10 FUNEKAL DIRECTOR:</b> After this certificate has been signed by the aftending physicial director, page 3 should be defached far use as the burial-transit permit. Then please should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and	L	22d. PHYSICIAN'S NAME (Type) VICENT	EM RUATRO	22e ADDRESS SU	or See Hope	El.
recto	23a.	BURIAL, CREMATION, 23b. DATE	235 NAME OF CEMETE	RY OR CREMATORY 2	3d. LOCATION (City or Town)	(Caunty) (State)
S	1	131700	27-68 Poplar (	Iveve (con (	WARREN Las	Surge MU
15 (4) O	247	PUNERAL DIRECTOR	ADDRESS /	My SEP 2	EGING 88 AGENTRARS	NYATURE
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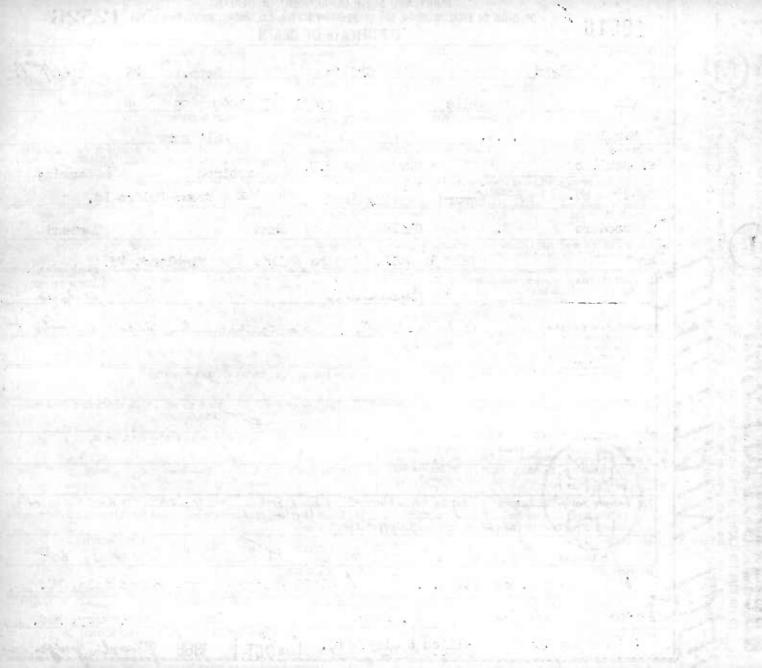
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-		MARYLAND STATE DEPARTMENT OF HEALTH
	-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12525
		12515 CERTIFICATE OF DEATH
# 2 - #	ī	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH  (Type or gript)
er death funeral 1 and 2 ter death		(Type or print) VAVID C) CHELTKOIZ Sept 17 1968 7A M
Ta La	3	SEX MALE S. DATE OF BIRTH 6. AGE (In years lost birthdgy) MONTHS DAYS HOURS MIN.
Pages 1 and 2 Surs after death.		MALE CAUCASTAN OCT 30, 1883 84 YRS.
100		a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
7		Nuscia USa WIDOWED DIVORCED Salla Md
thin	70	D. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)  120. USUAL OCCUPATION (Kind af work done during most of warking life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of warking life, even if retired.)
oval, and in any event, with		30. USUAL RESIDENCE (Where deceosed lived, if institution: Revidence before) 13c. CITY OR TOWN / 13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER
event,		dmission) STATE 13b. COUNTY Balton NO 4406 Spring dale are
in any	4	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
d in		Chara Cherthof Elegen
and,		(60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service)  Address Radical SECURITY No.
ar removal	-	No fack Cheshof 1803 Mage levra
Ela		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
ar.		MMEDIATE CAUSE (0) DASTERIC AMERICA TO TOTAL TOT
burial, crematian, ar remo		Canditions, if any, which gave (b)  Canditions, if any, which gave (b)  (b)  A recussion Disease  (b)
burial, cremat		TISE TO THIRD TO OD AC A CONCEDIENCE OF
, CLE		last. (c)
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
		DIABETES MELLITIUS
		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INIURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	义	YES NO XX CAUSES OF DEATH?
		(If either, natify medical examiner) P.M. 19
		21d. INJURY OCCURRED While of wark 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County State of wark 21d. INJURY OFFICE BUILDING, ETC.
		saw the deceased alive an Aust 11 19 6, and that in (my) four) apinian death accurred an the date and hour and from the
	5	causes stated abave, (I) (wef (dig') (di <del>d not</del> ) view the bady after death.
		22b. SIGNATURE COLD MED. TO STAFF COLD STAFF
		DEGREE PHYS. DIRECTOR PHYS. 17/68  22e. ADDRESS  22e. ADDRESS
	1	22d. PHYSICIAN'S NAME (Type) Joseph Shear M, D 22e. ADDRESS PACK HEICHTS DUE BACTOI
	2	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
	2	ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	68	Sylvan, S. Lein & Son, INC 9610 Restantount of DATE SEP 19 1968 Johnson Judge

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	Type or print)	rst Mid		Last	2a. DATE OF	DEATH Month Doy	Yeor 2b. HOUR
	Rola		Ch	ilds	Sep	25	1968 / 1 M
3. 5		4. RACE		S. DATE OF BIRTH		6. AGE (In years lost birthdoy)	IF UNDER 3 YEAR IF UNDER 24 NRS.  MONTHS OAYS NOURS MIN.
	male	white		April 23	1890	78 YRS.	
7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY	HARRIE	NEVER MARRIED 🗌	9. COUNTY OF		
	mtry) Maryland	U.S.A.	WIDOWE			imore	Md
10.	Catonsville	give street oddress	. Suady No	ok N.H. during	most of working	(Kind of work done ife, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a adr	USUAL RESIDENCE (Where decinission) STATE	eased lived, if institution: Resident 136. COUNTY Howard	ce before 13c. CITY (	VICE 🗀	Y LIMITS? 13e. STR	eet and number own Bridge	
14.	FATHER'S NAME First	Middle	Last	15. MOTHER'S MAIDEN NAME		Middle	Lost
	Theodore	E.	Childs	Emm	9		Umstead
16	Yes, na, ar unknawn) (If yes gr			INFORMANT Martha Child	5 H:	Address ighland, M	Id.
	Conditions, If any, which goverise to immediate cause (o stating the underlying coustast.	DUE TO, OR AS A CONSEQ	itoulosoi	c carebro-co	Moraso	elon dessa	se 6 months +
7		CONDITIONS CONTRIBUTING TO DEA	ATH BUT NOT RELATED	TO THE TERMINAL DISEASE O	RCONDITION GIVEN	IN PART 1(a)	
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EDICAL CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERL	CONDITIONS CONTRIBUTING TO DEA P.B. CONDITION FOR WHICH OPERATION YING 21b. TIME OF INJURY HOUR A.M. Month D P.M.	ON WAS PERFORMED  21c. 19	20a. AUTOPSY?	20b. IF CAUSES	YES, WERE FINDINGS O OF DEATH?	
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MAKILAND SIAIL DEPAKIMENT OF HEALTH

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IF UNDER 1 YEAR IF UNDER 24 HRS. 12b. KIND OF BUSINESS OR INDUSTRY BETWEEN ONSET AND DEATH 3 mos -405 -20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING State \_\_, and that in (my) (aur) apinian death accurred an the date and haur and fram the 22c, DATE SIGNED 9/19/68 Court House Square Apt. Towson, Md. 23d. LOCATION (City or Town) (County) (Stote) Baltimore 2Sb. REGISTRAR'S SIGNATURE

director, page 3 should should be filed with the

22b. SIGNATURE

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

NAME (Type)

REMOVAL (Specify) Cathedral Cemetery <sup>24</sup> FUNERAL DIRECTOR Wiedefeld Mome, Inc. ADDRESS 6500 York Road. 21212

23b. DATE

Dr. E. Lee Robbins

saw the deceased alive any 19/68 19, and that causes stated abave, (1) (we) (did) (did nat) view the bady after death.

2Sa. REC'D BY REGISTRAR 23

ATTENDING

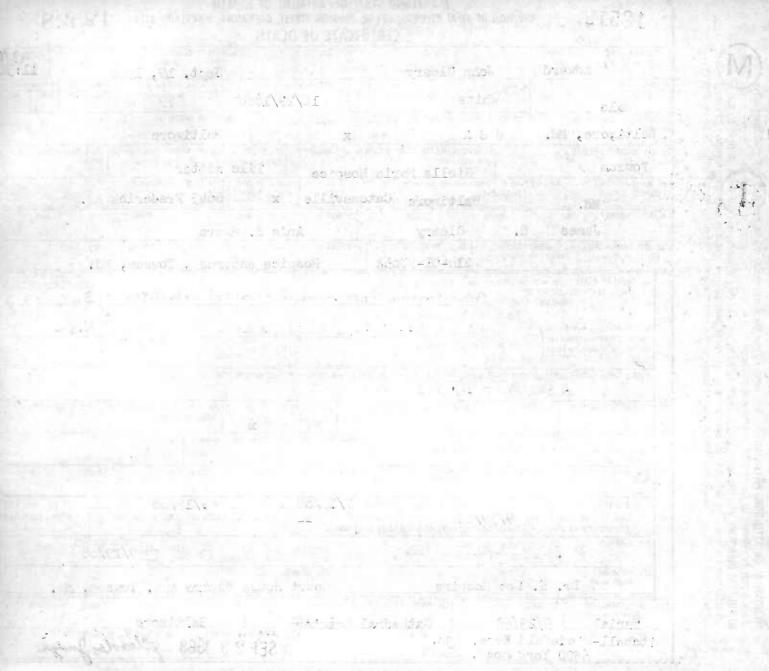
22e, ADDRESS

PHYS

DEGREE

23c. NAME OF CEMETERY OR CREMATORY

MED. DIRECTOR



MAKTLAND STATE DEPAKTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH

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		12522	DIVISION		CERTIFICATE OF D		e, MARYLAND 21201	125.	5.2
		(Anisa sa asina)	first ar y	Middle	Collins		DATE OF DEATH  Month	Day 1960 8	26. HOUR
	3. SE	Female	4. RACE	White	s. DATE OF BIRT	23,1872	/-	IF UNDER 1 YEAR MONTHS DAYS RS.	HOURS MIN.
	COUF	110.	U	WHAT COUNTRY?	8. MARRIED NEVER MARRIE WIDOWED DIVORCE	ED 🗌	NTY OF DEATH Baltimore		Md.
90	Re	TY OR TOWN OF DEATH	1 9	ive street oddress) Nur	STITUTION (If not in hospital sing Home	during most of w	PATION (Kind of work do varking life, even if retire PESS	ne 12b. KIND OF d.) INDUSTRY	DRY
02	odmi M s	USUAL RESIDENCE (Where de ssion) STATE aryland	AHHE	Arundel	Annapolis	d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER 139 Char	les St.	. /
1		ATHER'S NAME First Jame		Brocket		Ella:			orbin
		no	give war or dates of service	216-12-8	085 AW DEEL	J M.Col	LINS Address	UN APOLI	& MD,
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly one cause pe AUSED BY: MEDIATE CAUSE (a) _	er line for (a), (b), and (c).	7 /	(soca)	racute		ONSET AND DEATH
		Conditions, if any which go	ove)	OR AS A CONSEQUENCE OF	selevan			9	kars)
		stating the underlying ca- last.		OR AS A CONSEQUENCE OF	ter melit	tus		Ex	us
	NC	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTR	IBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL [	DISEASE OR CONDITIO		0	
2.	CERTIFICATION			WHICH OPERATION WAS PE	YES 🗌	NO 🔯	20b. IF YES, WERE FINDING CAUSES OF DEATH?		ERTIFYING
N	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	F DEATH HOUR A.	.M. 16	9		of injury in Part 1 or Part	2, Item 18.)	
	M	While Not while at work	21e. PLACE OF INJUI	OFFICE BUILDING, ETC.			City or Town	Caunty	State
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		22h SIGNATURE	ehow;	elisius	DEGREE PHYS.	MED. DIRECTOR	STAFF C	P-2 3-	68
1		22d. PHYSICIAN'S NAME (Type)			22e. ADDRE	Custeril	La Rel Ver	lustere	Me
	B	REMOVAC (Specify)	7-25-68	3 CEDA	CEMETERY OR CREMATORY	E A	LOCATION (City of Town)	H.H.	(State)
Na P	247	FUNERAL DIRECTOR	March.	y and Address	2 20 1 2	So. REC'D BY REGIS		AR'S SIGNATURE	

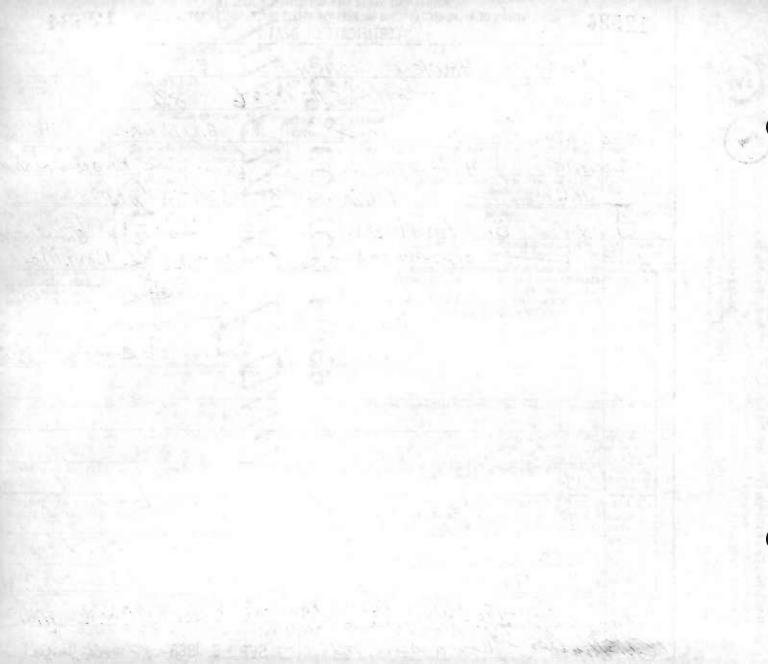
MAKILAND STATE DEPARTMENT OF HEALTH

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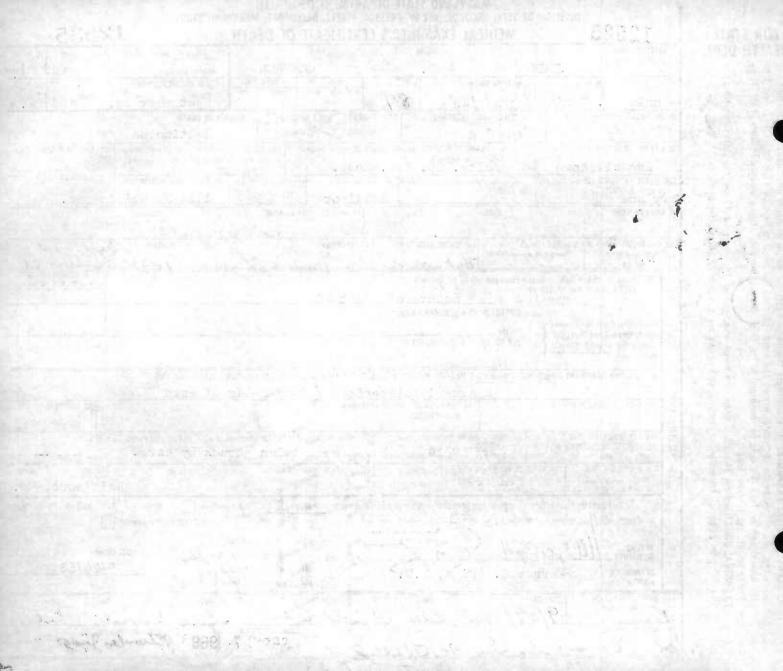
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12533 12523 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) Month M. ALBERT COOK September the attending physician and completely filled in by the fun sit permit. Then please remave carban papers. Pages I mation or removal and in any event, within 72 hours after a 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years DAYS HOURS MALE WHITE November 28,1927 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Balto. (o. Md. USA WIDOWED | DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR St. Jose during most of working life, even if retired.) Towson 4 Joseph Hospital 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Hess Road - 21047 Fallston YES 🗍 NO X 14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Shaffer Harry Lottie ook 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT res no, or unknown) (If yes give war or dates of service) 219-14-8519 Mrs. Ruth F. (ook Cockeysville. Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cerebral encephalomalacia DUE TO, OR AS A CONSEQUENCE OF cerebral vascular hypoplasia Conditions, if ony, which gove ) signed by the burial-transit p rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending as the TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? of Health p YES X NO [ 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from September 13, 1968, ta September 1419 68, that (1) (we) last saw the deceased alive an September 1419 68, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR Sept.14,1968 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 7620 York Road, Towson 4.Md. Ines Cilliani. M. D. directar, shauld be 23d. LOCATION (City or Town) d. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION. 23b. DATE (County) (Stote) BREMOVAL (Specify) St. Paul (emetery FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sons Reisterstown, Md. 30M REV.

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110			12524 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12534
# 22	1	1. DE	CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
# A # 5			THAT HOWJEY COOKEY 1 3 1/60 M
s of the s		3. SE.	Female 4. RACE White 5/12/1886 6. AGE (In years of burners) ARCE White 5/12/1886 6. AGE (In years of burners) Days Hours Min.
how in 2 hour		7o. B	IRTHPLACE (Stote or foreign) 7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED BATTINGRE Md.
n pap ithin 7	0		TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even in effect of INDUSTRY INDUSTRY)
wit etely arbol	40		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER.
comple ove co	03	odmi	ssion) STATE Md. 13b. COUNTY COLLA BATTIMORE YES NO BOLT AND STATE
be ex and e rem		14. F	ATHER'S NAME First Middle House Ust NAME First Water Water N.S. Lost
ficate ysician pleos al, ond	. 4	16o. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? as, go, oylyphdown) (If yos give war or dates of service)  217-20-5409A Mrs. E. J. K. Durriga R. B. Balt M. J.  Roll & M. J.  Roll & M. J. Balt M. J.  Roll & M. J. Balt M. J.  Roll & M. J.  Roll & M. J. Balt M. J.  Roll & M. J. Balt M. J.  Roll & M. J.  Roll & M. J. Balt M. J.  Roll & M. J. Balt M. J.  Roll & M. J.  Roll & M. J. Balt M. J.  Roll & M. J. Balt M. J.  Roll & M. J.
certii p ph hen novo			18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), (b), ond (c), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for (o), approximate interval entire only one couse per line for
nding iit. T			PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) Cardio Vaccular desarso 5923
offer on, o			4/29 DUE TO, OR AS A CONSEQUENCE OF
the the matri			(conditions, if ony, which gove) rise to immediate couse (a).  (b) Claryermula of age
es the sician. ed by al-tror			stoting the underlying couse lost.  (c) Milrol Insuffice array? Company of the modern of the state of the sta
requir g phy n sign e buri			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
law endin beer beer s the riar t		ATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The office of the period of th	2	RTIFI	YES NO CAUSES OF DEATH?
CIAN: pitol or tifficate d for u		DICAL CE	21o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
PHYSI e hosp his cer stoched Dept. (			21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
ING by th ter the tee de			ot work of work 1220. I certify that (1) (this haspital) attended the deceased from 1960 19, to 50 ft 1968, that (1) we) last
TEND ined borned bould bould build b		P	saw the deceased alive on 3 1968, and that in (my) (aur) apinion death accurred an the date and haur and fram the causes stated abave ((1)) (we) (did) (did nat) view the bady after death.
e reto RECTO 3 sho			22b. SIGNATURE  ATTENDING  DEGREE- PHYS.  DIRECTOR DIRECT
moy be tile be file			22d. PHYSICIAN'S NAME (Type) BR Bring has and 22e. ADDRESS main St Elbridge Mu
HOSP ge 4 FUNE rector	-	230.	BURIAL, CREMATION, 23b. DATE 1960 23c. NAME OF CEMETERY OF CREMATORY COM 23d. LOCATION (City or Town) (County) (Stote)
5- 5 ig		24	REMOVAL (Specify) 9-9-1968 WEST NOTHING IAM CM. COLOVA CECIL Md.
VR A15 30M REV.		9	Effection Rising Sun, Md. DATE SFP 9 1968 Victorias Cusas.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Page should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely illed in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 haurs attached.	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftendent Page 4 may be retained by the hospital or ottending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely alled in by the thing director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers. Pages 1 and



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. . DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR Yeor (Type or Print) deloy i ind 3 to ESTI-JOHN Ε. CORNELL 19 6 DEATH MATED 4. RACE IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d.\_HQUR PM3. Month September 24 male white 19 68 e Dep 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH n pencil in Item 18. Give Pages 1, Exominer's Office olong with form country) WIDOWED DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) Balto. Co. Gen. Hosp. during most of working life, even if retired.) INDUSTRY Randallstown 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Baltimore YES NO 1224 W. Hollins St ofter 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME Lost Middle hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT **ADDRESS** (Yes, no. or unknown) within . S 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) be executed BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending in Marie IMMEDIATE CAUSE (0) Fracture of Right Hip event DUE TO, OR AS A CONSEQUENCE OF buriol-transit Conditions, if any, which gove rise to immediate couse (a). in ony writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse should be forwarded to the removal, and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Arteriosclerotic Cardiovascular Disease CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, YES T NO [ 0 210. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY Month, Doy, Year PRIMARY X OR CONTRIBUTING MEDICAL cremotion, 10 68 pedestrian struck by car CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Baltimore, Md. for burial, 22a. I certify that I taak charge of the remains described above, held an AutopsyXI. Inspection [ Inquiry and in my apinian the funerol director. death resulfed fram: Natural causes Accident x Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE pe 9/24/68 DEPUTY MEDICAL EXAMINER Spitz, 5 moy 100 FUNE **EXAMINER'S** Werner U. NAME (Type) ADDRESS(Street, city, town, or county) 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15ME (5) 10M REV. 1/68



MAKTLAND STATE DEPARTMENT OF REALIN DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR O ond 2 deoth. executed within 24 haurs after deoth funerol (Type or print) Month 9 Doy 11 Year 68 11 P ELEANOR S. COTTON 3 SEX 4. RACE S. DATE OF BIRTH IF UNOER I YEAR IF HINDER 24 HRS. 6. AGE (In years lost birthday BYRS. in by the 12-3-1889 CAUCASIAN FEMALE 7b: CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED countryNew Jersey WIDOWED DIVORCED | BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) G.B.M.C. during most of working life, even if retired.) Towson **INDUSTRY** Art 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 5336 Midwood Ave 13d. INSIDE CITY LIMITS? Md. 13b. COUNTY Balto. Baltimore YES NOT 1S. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Middle Joseph Brineshults Emeline Corneal M. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 15336 Midwood Ave Yes, no. or unknown) buriol, cremotion, or removal APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: COMPLETE HEART BLOCK IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signed by the buriof-tronsit ARTERCOSCLEROSIS rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause; PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to CORONARY THROMBOSIS **ATTENDING PHYSICIAN: The law** 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Yeor (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram OCT 10, 19 to SEPT 111968, that (I) (WK) last saw the deceased alive an SEPT 11 19 68 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave, (I) (NEX (VIX) (And not) view the bady after death. 4 moy be retained 22b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF 9-11-68 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) LAURENCE C. POST, M.D. 6805 YORK ROAD 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) Cremation 9/16/1968 Greenmount Baltimore Md. 24. FUNERAL DIRECTOR ADDRESS 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1 (68) Mitchell Wiedefeld Home 6500 York Rd. Ocharles DATACD

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1. D		
	12527  CERTIFICATE OF DEATH  DECEASED-NAME (Type or print)  DE	2b. HOUR
3. SI	SEX 4./RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER I YEAR I F	F UNDER 24 HRS. HOURS MIN
	Baltimore	Md
	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BU	ISINESS OR
13a.	a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before mission) STATE  Md. 13b. COUNTY Baltimore Middle River 12E. NO 922F. Holgate Drive	
14.	. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
	James Caldwell Lillian E. Gunt	
160	10. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 212	
-	Yes, no, or unknown) (If yes give war or dates of service) No  218-14-0132 Mrs Lillian Caldwell Bond 605 Hyde Par	k Rd
-	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  BETWEEN ONSE  BETWEEN ONSE	ET AND DEATH
	173 IMMEDIATE CAUSE (a) CHR C/NO/3/H/OS/S	
	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  CONDITION OF THE PROPERTY OF	
3	rise to immediate couse (a).	
219	last. DUE TO, OR AS A CONSEQUENCE OF (c) Malignant melanoma - skin of back.	
33	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(g)	
	1925	
CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERT	TIFYING
2 8	CARCINOMA YES NO NO CAUSES OF DEATH?	
GR	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
MEDICAL	Grant Contributing Cause of Death HOUR A.M. Month Doy Year P.M. 19	
WE	While at wark at wark	State
3	220. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, that (I)	I) (we) lost
	220. I certify that (I) (this hospital) attended the deceased from	nd from the
	22b. SIGNAPURE 22c. DATE SIGNED	
	Tong les 21 Les liber M. DEGREE PHYS. DIRECTOR DIRECTOR PHYS. D 9.6.68.	-
1	22d. PHYSICIAN'S NAME (Type) RONALD H. FISHBEIN M.D 22e. ADDRESS W. COLD SPRING LANE BACT	721210
230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County)	(State)
NL	REMOVAL (Specify) Burial 9-9-1968 Qak Lawn Cemetery, Saltimore Co. M	Id
100	I. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR'S SIGNATURE	

Statement from Library and Editor of Contract of Co. Boar to 1992

MARYLAND STATE DEPARTMENT OF HEALTH 12528 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#6 Film#G404 9/18/68 vmp 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR within 24 hours after death Month Q (Type or print) Day 1 1 Yea 6 8 RODNEY CRAWFORD 11:55 L. 4. RACE 5. DATE OF BIRTH 6. AGE (In years lastybathday) IF UNDER 1 YEAR 3. 5EX Cauc. Oct. 23,1893 MALE 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED# NEVER MARRIED 9. COUNTY OF DEATH bon papers. within 72 h BALTIMORE completely filled in Westernport, Md. U.S.A. WIDOWED | DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR OFRICATION MED. CENING most of working life, even if retired.) INDUSTRY BALTO., MD. attending physician was carbon please remove carbon and in any event, 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Marbel Hall 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Last William H. Crawford Catherine A. Peters 17. INFORMANT requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes. no. or unknown) burial, cremation, or removal, Hospital Records APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

ACUTE PULMONARY EDEMA BETWEEN ONSET AND DEATH RECURRENT DUE TO, OR AS A CONSEQUENCE OF SEC. TO HEART DISEASE Conditions, if any, which gave ) burial-transit rise to immediate couse (a), DUF TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending be detached for use as the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🖂 **DIRECTOR:** After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 5treet or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 220. I certify that (1) (this hashing strended the deceased from saw the deceased alive on saw the deceased alive on 1972, and thot in (my) (our) opinion death occurred on the dote and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death. director, page 3 should should be filed with the 22b. SIGNATURE **ATTENDING** MIN MAR MARN DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e, ADDRESS O FUNERAL NAME (Type) GIHAN TENNEKOON MD . Math 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) a 1 Sept. 14.68 New Freedom New Freedom. Pa. ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 1968 30M REV. 1/68 Wm. Cook-Brooks Towson, Towson, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12529 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2a. DATE OF DEATH death. (Type or print) Crawford Wilfred H. 3. SEX 4 RACE 5. DATE OF BIRTH IF LINDER T YEAR IE UNGER 24 HRS last birthday) HOURS Nov. 28, 1909 white male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED (NEVER MARRIED) country) U. S. Mass. Baltimore WIDOWED | DIVORCED [ wariar italisii permir. Inen piease remave carban paper burial, crematian, ar remaval, and in any event, within 72 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY STATE HOSP. Catonsville 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed odmission) STATE 13b. COUNTY Md. Balto. Rodgers ForgeYES [ 315 Dunbarton Road NO x 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME First Middle Last Howard Crawford Nell Cutler 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, pp or unknown) (II yes give war or dates of service) HOSPITAL Records: SPRING GROVE STATE 212-03-5198HA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) REMIA. CHRONIC RENAL FAILURE DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause RTERIOSCLEROSIS GENERALIZED PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 2 should be filed with the State Dept. of Health priar to be retained by the haspital ar attending ALCIDENT 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that \$1 (this haspital) attended the deceased from Sept. 19, 19 66, to Sept. 1019 68, that (I) (see) last saw the deceased alive an Sept. 1019 68, and that in (my) (alor) apinian death accurred an the date and haur and from the causes stated abave, (1) (vge) (did) (did Not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S SPRING GROVE STATE HOSPITAL NAME (Type) LBERTO GUTIERREZ Baltimore, Maryland 21228 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial 9/13/68 Dulanev Valley Mem. Gem. Cockeysville, Balto 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Wm. Cook-Brooks Towson 1050 York Rd. 21204 Ochanda 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2542 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOURDIN DECEASED-NAME First within 24 haurs after death Month 5 (Type or print) Day 68 Year 9 DOROTHY 1:22 M. CRUE 4 RACE S. DATE OF BIRTH IE LINDER 24 HRS 3 SEX IF LINDER I YEAR 6. AGE (In years lost birthdoy) 7/4/19 FEMALE CAU papers. Page hin 72 haurs o 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) filled in WIDOWED | DIVORCED I BALTIMORE 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR canappetelly fi BALTIMORE ₩. MED CENTER 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? certificate be executed 13b COUNTY YES NOT burial, cremation, ar remaval, and in any 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First pup physician o 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) APPROXIMATE INTERVAL attending p 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: requires that the death RHEUMATOID HEART AND LUNG DISEASE IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF the Canditians, if any, which gove ) RHEUMATOID ARTHRITIS burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couser PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The YESX NO | 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work Not while of work 9/5 19 68 ta 68, that (1) 22a. I certify that (I) (this haspital) attended the deceased fram 9/5, 1968, ta 9/25, 1968, that (I) (we) last saw the deceased alive an 9/25, 1968, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING STAFF 9/25/68 DEGREE DIRECTOR PHYS. PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CHARLES BROWN, M.D. 6701 NORTH CHARLES STREET 21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) BURIAL, CREMATION (County) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR FUNERAL DIRECTO VR A15 DATE SEP 30 1968

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MARYLAND STATE DEPARTMENT OF HEALTH

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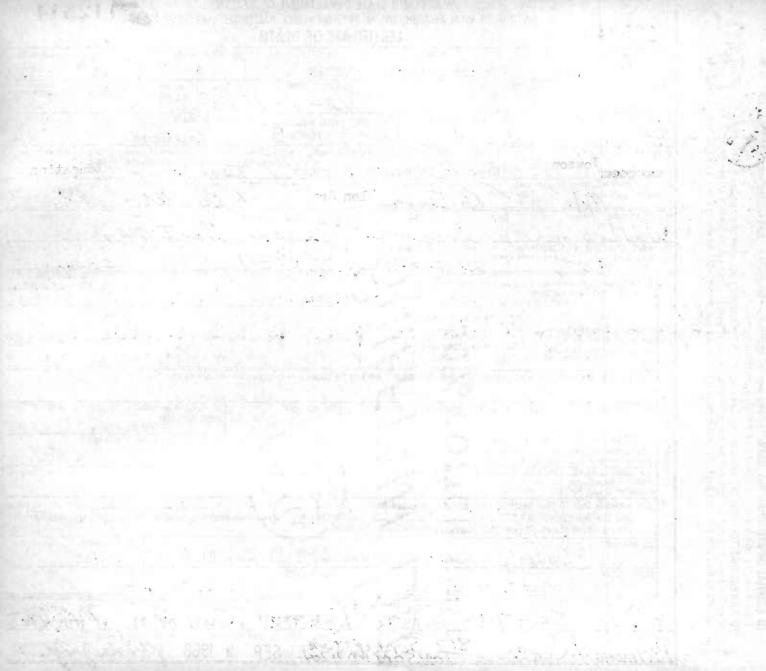
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TO FUNERAL DIRECTOR: After this certificate

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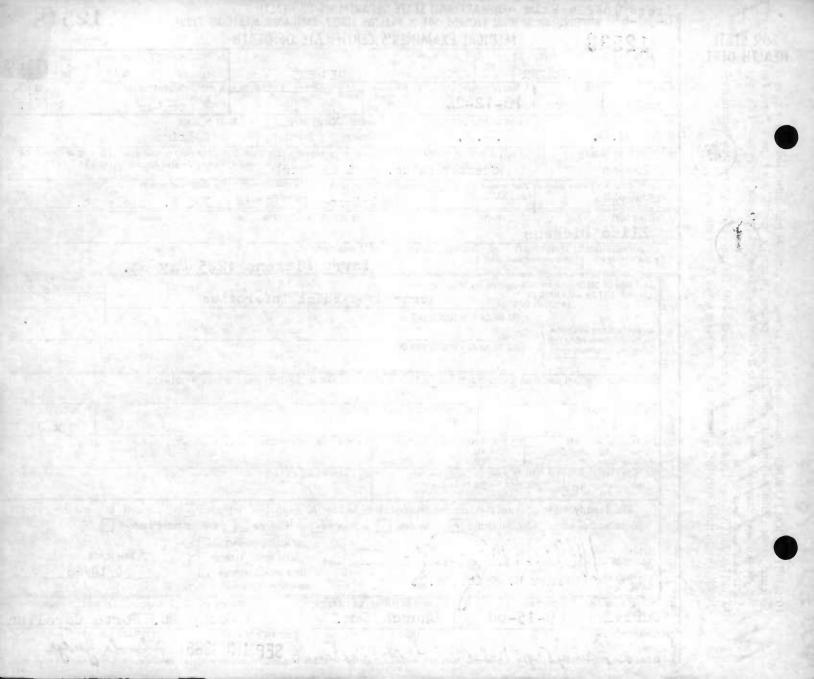


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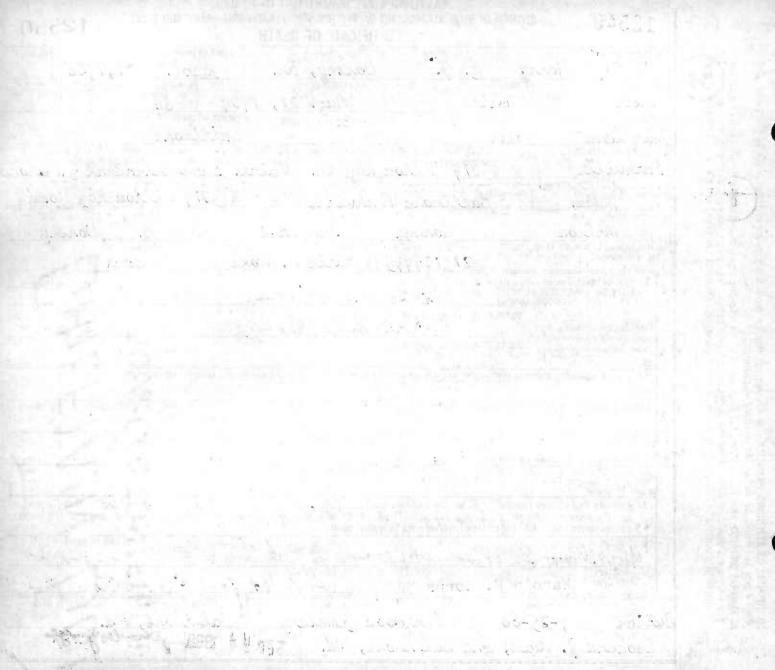
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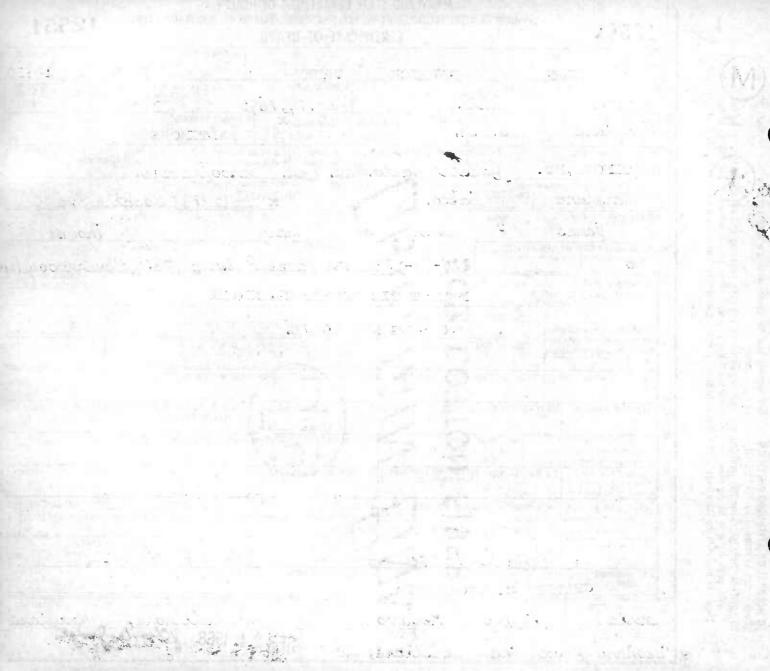
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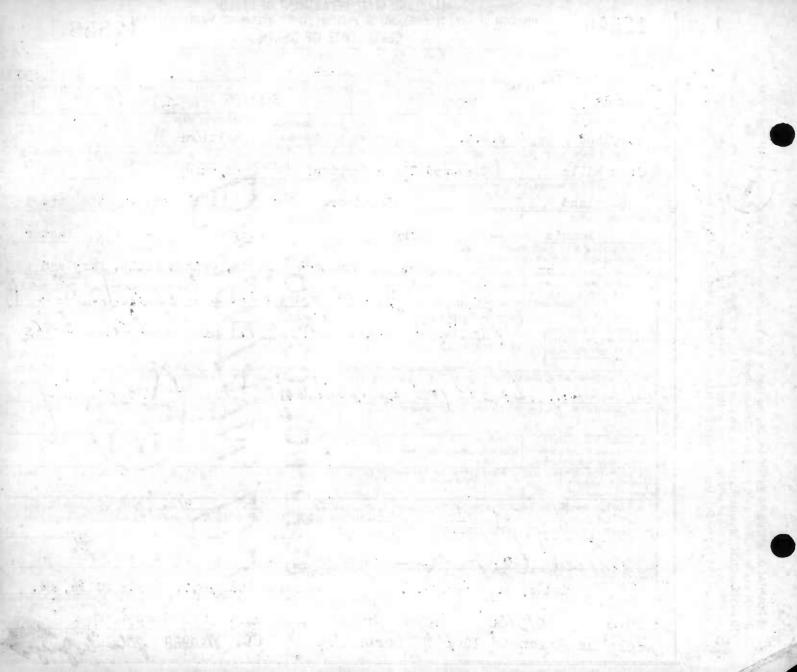
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2o. DATE OF DEATH 2b. HQUR (Type or print) ROBERT BASTIBIR 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF LINDER 24 HRS haurs after lost birthday) HOURS Male Waite YRS 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) m/g/k Baltimore Highland . Md WIDOWED A DIVORCED [7] 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) give street address) INDUSTRY Shangiri Ia please remave carbor 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER the attending physician and completisit permit. Then please remave car PHYSICIAN: The law requires that the death certificate be executed 13b. COUNTY YES NO T Highland Howard and in any 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle ASIFR 1 chardson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. (If yes give war or dates of service) Yes, na. ar unknown) James M. Easter, Highland, Md. 20777 APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) crematian. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been use as the prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES 🗍 NO A 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) TO OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while of wark 22a. I certify that (1) (this haspital) attended the deceased from 8, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave (a) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATO SIGNED **ATTENDING** DEGREE DIRECTOR director, page shauld be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 812 MOCKINGBIRD LANE BATTO MA UZUY 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Highland, Md 9-5-1968 St. Marks 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** inbothom-Slack Funeral Home, Ellicott City, Md DATE SEP 1968

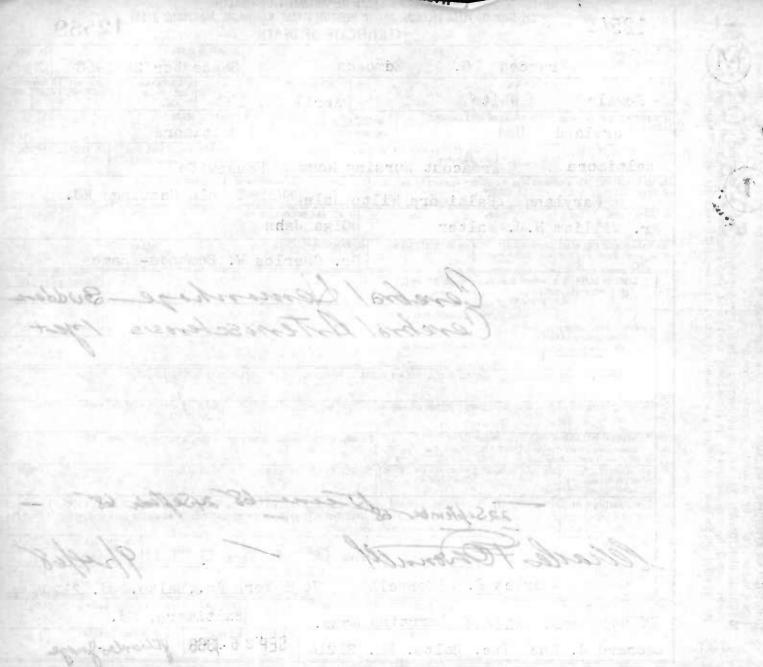
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MARYLAND STATE DEPARTMENT OF HEALTH 12548 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2558 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2o. DATE OF DEATH 2b. HOURTO nours after death. (Type or print) MAUDE EDNA **ECCLES TON** 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) DAYS MONTHS FEMALE 2/10/81 CAUCASIAN 87 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Maryland U.S.A. WIDOWED BALTIMORE DIVORCED within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL DCCUPATION (Kind of wark done 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) **INDUSTRY** pau Towson GREATER BALT, MED. CENTER burial, cremation, or removal, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 3b. COUNTY ND | YES remave Baltimore 1904 East 31st Street 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last John A. Eccleston Clara Kepler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 212-01-1786 Miss Alcock, Pickersgill, 615 Chestnut APPROXIMATE INTERVAL attending paramit. The 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: PERITONITIS IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if ony, which gave ! signed by the burial-transit DIVERTICULITIS WITH PERFORATION AND rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF A BCESS FORMATION stoting the underlying couse last. PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been detached far use as the e Dept. af Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO [ 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram (7-15), (19.68), ta (9-3)1968 , that X1) saw the deceased alive an 9-3 1968, and that in (my) (aur) apinion death accurred an the date and hour and from the be retained directar, page 3 shauld shauld be filed with the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 9-3-68 DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CHARLES C. BROWN ,M.D. 6701 N. CHARLES ST 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify)
Burial Baltimore, Md.

GISTRAR 2Sb. REGISTRAR'S SIGNATURE Loudon 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) Ochanles Judge DATSEP 1968 30M REV. Vm. Cook-Brooks, Inc. 1217 St. aul

and the second s services president The State of the S . 1. 4. D 2x . 6 1.525025 raine , ... Interest 

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12549 CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH 1. DECEASED-NAME 2b. HOUR death. (Type or print) September Frances Edmonds after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS haurs afte last birthday) MONTHS DAYS HOURS Female White April 26. 1904 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED transit permit. Then please remave Carban papers. crematian, ar remaval, and in any event, within 72 h Maryland USA Baltimore WIDOWED [ DIVORCED filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
HOUSEWII'E INDIISTRY Baltimore Nursing Home 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER futed 614 Hastings Rd. NO X YES Wiltondale Baltimore 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last and Walter Jahn William H.J. Olga requires that the death certificate be 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, pa, ar unknown) (If yes give war or dates of service) Dr. Charles W. Edmonds- Same APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per li BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the burial-transit p Canditians, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar ta b has been as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO [ use of Health Page 4 may be retained by the haspital ar DEUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) lar OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. State City or Town County OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive an 22 september 1966, and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (bid net) view the bady after death. STAFF DEGREE PHYS DIRECTOR PHYS. 22e. ADDRESS PHYSICIAN'S O'Donnel] NAME (Type) Charles F. Rd. Balto 23d. LOCATION (City or Town) 23a. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Baltimore, Md. 0 Lorraine ADDRESS 24. FUNERAL DIRECTOR Ruck Inc. Balto. Md. Leonard 30M REV.



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Contract Contract	111	4000	DIVISION OF VITAL RECORDS, 30		MORE, MARYLAND 21201	40500
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	3. S	X	4. RACE	5. DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR   IF UNDER 24 HRS.
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ritificate be executed within 24 haurs after physician and campletely filled in by the sen please remave carban papers. Page aval, and in any event, within 72 haurs after	10.	OTY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTIT	UTION (If not in haspital 12a. USUA	at OCCUPATION (Kind of work dan lost of working life, even it retired irea Mail and	
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ie death cer attending p permit. The ian, ar rema		18. CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED	ane cause per line far (a), (b), and (c).) BY:	MYOCARDIA	I INCHOLT	SETWEEN ONSET AND DEATH
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The affe has see of the p	ET E			YES NO P	CAUSES OF DEATH?	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and cample je 3 should be detached far use as the burial-transit permit. Then please remave called with the State Dept. at Health priar to burial, crematian, ar remaval, and in any even	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examin	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 or Part	2, Item 18.)
HYSI hasp is cert tached	MEC		PLACE OF INJURY ( AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	21f. LOCATION Street ar R.F.D. Na.	City ar Tawn	Caunty State
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OR O		+ aust (	2. Aguin	Q DEGREE PHYS. D	IED. SYAFF PHYS.	9/18/68
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld should be filed with the		22d. PHYSICIAN'S NAME (Type) FAUST	O Q. AQUII	JO JR BALTO.	COUNTY &	GEN. HOSP.
HOS 198 4 100 4	23a	RUDIAL CREMATION 235 D	ATE 23c. NAME OF CEA	METERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
5 5 5 P	1	REMOVAL (Specify) 9/	20/68 Lorrais	re Park	Woodlawn Be	
VR A15 (4) 30M REV. (4)	24.	FUNERAL DIRECTOR  7 T Stan Abuni	4 6411 Windson Mi	U. Rd. 2So. REC'D B	1000	R'S SIGNATURE
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STATE	1255 division of vital records, 301 W. Preston, street, Baltimore, Maryland 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  1255	561
	Type or Print) CHARLES EUGENE Lost Lost ST. All CHARLES EUGENE EURONE ELRONE 20. DATE KNOWN Month Do	Year 2b. HOUR 19683:45 M
M	Male White March 16, 1918 YRS. MONTHS DAYS HOURS MIN. Month Sept. Doy 7,	Yeor 1968 3:45 M
caun	So. Carolina U.S.A. WIDOWED DIVOKED BATTIMOTE	Mo b. KIND OF BUSINESS OR
JE 001	give, street addless) during most of working life, even if retired.) INC	Prucking
ded ded	dmission) STATE Maryland 38. COUNTY Baltimore YES NO _ 508 Winsdom Ave	
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  Charles Elrone  WAS DECEASED EVER IN U.S. ARMED FORCES? 166b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Lost
	Yes, na, ar unknawn) (It yes give war or dates of service) 216-03-6301 Anna B. Warfield 2929 St. Paul	St. APPROXIMATE INTERVAL
urial-transit permit. File in any event within 72	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (t).)   PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease   IMMEDIATE CAUSE (a)	BETWEEN ONSET AND DEATH
burial-transit I in any even	Conditions, if only which gave rise to immediate cause (a), stoting the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF	
	last.   (c)   PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
S D	196. CONDITION 196. CONDITION FOR WHICH OPERATION	2D. AUTOPSY?
OF TEITIGAU	WAS PERFORMED?	YES NO
MEDICAL C	21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item Part 1 or Part 2, Item 19	
×	WHILE NOT WHILE factory, affice building, etc.)	County State
a burial,	22a. I certify that I took charge of the remoins described above, held an Autapsy , Inspection , Inquiry , death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner	and in my opinion ]
Health prior to buriol, cren	ACTUAL SIGNATURE Ronald N. Kornblum, M.D. ASSISTANT MEDICAL EXAMINER Septem	NED be <b>f</b> 7, 1968
Head Head	NAME (Type)  ADDRESS(Street, city, town, or county)	ounty) (Stote)
11	PRMOVAL (Sparify)  9/11/68  Moreland Memorial Cem. Balto., Co., M  FUNERAL DIRECTOR  ADDRESS  1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	d.
17/		& Judge

TO SEE THE DEPOSITE AND DESCRIPTION OF THE PROPERTY OF THE PRO The state of the s BERLIE C. AND THE RESERVE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12552 CERTIFICATE OF DEATH Last 1. DECEASED-NAME Middle 2g. DATE OF DEATH 2b. HOUR (Type ar print) 9 2p M Molly Engel B. 5. DATE OF BIRTH 3 SEX 4 RACE 6. AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS. executed within 24 hours after hours after White last birthday) Female 5/20/04 in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED U.S.A. Baltimore Co. DIVORCED WIDOWED [7] PAMIS FRANCE filled ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast af warking life, even if retired.) INDUSTRY G.B.M.C. completely Towson Homemaker Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER admission) STATE maryland 13b. COUNTY 1525 MEdford Road Baltimore YES K NO Middle 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First BrAUN pe BERNARD BlanchE Brown Brown requires that the death certificate 16b. SOCIAL SECURITY NO. 17. INFORMANT House and 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 1525 MEdford Road I (If yes give war or dates of service) Yes, na. ar unknawn) McHENRYC. ENGEL, Sr. signed by the attending physical buriol-transit permit. Then buriol, cremotion, or removol, BAltimore, maryland 2/2/8 NO NONE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Cardio-respiratory Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave : Brain Tumor rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b has been OR ATTENDING PHYSICIAN: The low 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? Tumor of Brain 8/26/68 YES [ NO K TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year director, page 3 should be detached should be filed with the Stote Dept. of (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Caunty State While Nat while at wark 22a. I certify that (\$) (this haspital) attended the deceased from 8/5/68, 19/68, to 9/21, 19/68, that (1) (we) lost saw the deceased olive on September 19/68, and that in (xy) (our) opinion death accurred on the date and hour and from the couses stoted obove, (b) (we) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 9/21/68 DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) G.B.M.C. 6701 N. Charles Dr. Hooshang Meshkinpour M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION 23b. DATE (County) (State) REMOVAL (Specify) BEI AT MEMORIAL GARDENS BELAIT, HArbord Co. MANIAN 21014 SEpt. 23,1968 W. Brogsway a collignes St. 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (A JOSEPH Colliam Foster Bet Atir Mangland 21014 30M REV.

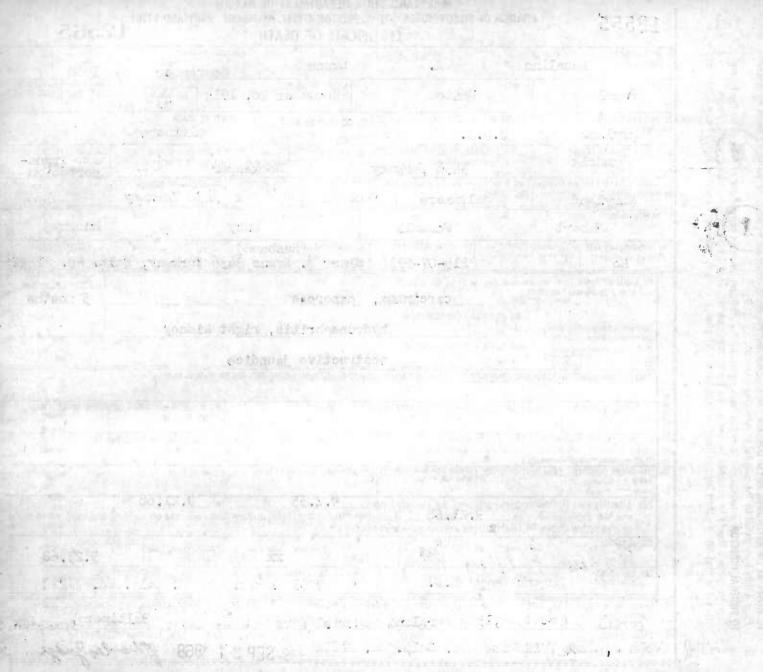
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kecuted within 24 hours after death campletely filled in 50 he funeral nove carbon papers. Boggs I and 2 hours after death		BIRTHPLACE (State or foreign ntry)  Maryland	7b. CITIZEN OF W	Α.	WIDOWED			LTIMORE		Md.
		ALTO., MD.	owson og		LTO.,	MED. CEMP	most of warkin		12b. KIND OF BUSINESS INDUSTRY	S OR
camplet ave car	adm	USUAL RESIDENCE (Where dec ission) STATE Marylar	eosed lived, if instituted and list. COUNTY	otion: Residence before Baltimore	Luthe	erville ES	NO 🙀 1	street and number 124 Westbury	Rd.	
	14.	FATHER'S NAME First Willia	Middle	lost Franks		MOTHER'S MAIDEN NAME	First Etta	Middle	Barnett	
ore lease	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECURITY N		FORMANT	ELLA	Address	Darmett	
No.	L	res, no, or unknawn) (If yes gr No	ve war or dates of service)		M:	ichael J. E	nnis 12	4 Westbury		
physician. signed by the attending physician. signed by the attending physician burial-transit permit. Then please burial, crematian, ar remayal, and		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMME	only ane cause per l	line far (o), (b), ond (c).	),	0			APPROXIMATE INTER BETWEEN ONSET AND E	
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IAN: The law re tall or attending if ficate has been star use as the tall tall tall tall tall tall tall tal	CERTIFICATION	19a. DATE OF OPERATION	b. CONDITION FOR W	HICH OPERATION WAS PEI	RFORMED	20a. AUTOPSY?		IF YES, WERE FINDINGS COSES OF DEATH?	ONSIDERED IN CERTIFYING	G
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CLANsital of interpretation of the contraction of t	MEDICAL C	or contributing cause of the cither, notify medical example.	DEATH HOUR A.M.	. Month Doy Year		W INJURY OCCURRED (En	ter nature of in	ijury in Port 1 or Part 2,	fem 18.)	
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OR: OR: auld		couses stated abo	ve, (I) (we) (did	) (did not) view the	body ofter de	eath.	pinion deon	occurred on the do		)III III6
OR AID		22b. SIGNATURE	700	no n	DEGREE	*111.01	MED. DIRECTOR	STAFF 22c.	DATE SIGNED 7-23-6	8
O HOSPITAL OR ATTENE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	1	22d. HYSICIAN'S NAME (Type)	Bthu.		COun	22e. ADDRESS	ECO	hase S	+ 139/1	6.
Shou	230		b. date 9/27/68	23c. NAME OF		REMATORY Crematory		TION (City or Town) timo <b>c</b> e, Mar	(County) (Stote	e)
2 2		FUNERAL DIRECTOR	14000000	ADDRESS		2Sq. REC'D	BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	4
30M REV XXX	W	m. Cook-Brook	s Towson	1050 York E	d. 212	04 DATE SE	P27	1968 gclio	was Judge	

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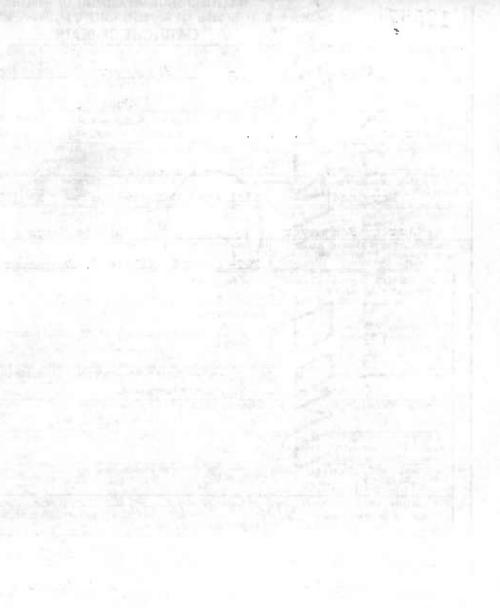
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 12558 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12566 CERTIFICATE OF DEATH Last 2a. DATE OF DEATH 2b. HOUR 1 DECEASED-NAME First Middle funeral 1 and 2 r death. vithin 24 hours after death. Month (Type or print) FALLON 1968 SEPF LEO IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years 3 SEX lost birthdoy) HOURS 2/19/1885 MALE WHITE 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country) WIDOWED A DIVORCED | BALTTMORE PENNA. INTTED+ STATES 12a. USUAL OCCUPATION (Kind of work done TI NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during mast of working life, even if retired. TOWSON 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before odmission) STATE MARYLAND HOWARD Glene 19 YES [ NO T WEST FRIENDSHIP. any ( IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME First Middle and in be please attending physician sermit. Then please OR ATTENDING PHYSICIAN: The law requires that the death certificate 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? I (If yes give war or dates of service) Yes, no. or unknown) 22-0604 MPS West remaval 18. CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit permit. burial, cremation, ar re IMMEDIATE (AUSE (o) Arteriosclerotic Cardio Vascular Disease DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gave ) signed by the burial-transit p (b) Acute Leukemia with Thrombocytopenia and Anemia rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF þ stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [ 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21e. PLACE OF INJURY County Stote 21d. INJURY OCCURRED City or Town While Nat while at work be retained by the 22a. I certify that (I) (this haspital) attended the deceased from SEPT 2 , 19 68, ta SEPT 18 19 68 saw the deceosed alive on SEPT 18 \_19\_68, and that in (my) (our) apinion death accurred on the date and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR 9/18/68 DEGREE 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 7620 YORK RD. TOWSON, MD. CAMILO L. TOMBOC . M.D. 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City or Town) (County) (State) 23a. BURIAL, CREMATION 23b DATE SoutHGIBSON RPMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. 24. FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68

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	1. DE	CEASED-NAME First	Midd		OF DEATH	. DATE OF DEATH	2567	2b. HOUR
	{T	ype or print) Char	·les -	Fangmeye	r	Sept. Month 25 Do	1968	74574M
00 03 1	3. SE		4. RACE	S. DATE O		6. AGE (In years	IF UNGER 1 YEAR	IF UNOER 24 HRS.
		Male	White	Jur	ne 4, 1893	last birthdoy) 75 YRS.	MONTHS OAYS	HOURS MIN
		IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY	? 8. MARRIED A NEVER	MAKKIEU	OUNTY OF DEATH		
	coun	Maryland	U. S. A.		TOWERS	Baltimore		Md.
20		TY OR TOWN OF DEATH  Catonsville, M	give street oddress	den Choice Lane	during mast af	CUPATION (Kind of work done working life, even if refired.)  Reeper Ret.  13e. STREET AND NUMBER	12b. KIND OF INDUSTRY	BUSINESS OR
3	odmi	ssion) STATE Marylan				112 Maiden Ch	noice La	ne
1	14. F	ATHER'S NAME First	Middle		S MAIDEN NAME First	Middle		Lost
		Charles Fa	ngmeyer	Li	illie Knatz			
	160.	WAS DECEASED EVER IN U.S. AR		SECURITY NO. 17. INFORMANT		Address		
		es, no, or unknown) (If yes give		05-8021 Ellsie	V. Fangme	yer, 112 Maide	en Choic	e Lane
		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE (b) Caralia L	ace Throng JENCE OF Jaseular Llis	use C C	ingestiere	Lud	Merchant
		lost.	(c)	Feelenster				
-	NO	4201	Chronic Er	TH BUT NOT RELATED TO THE TERM				
1	CERTIFICATION		. CONDITION FOR WHICH OPERATIO	YES	AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?		RTIFYING
1		210. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Month De	oy Year		ore af injury in Part 1 ar Part 2,	Item 18.)	Swall
	EDICA		iner) P.M.	19			County	Stote
	MEDICAL	While Not while at wark of work	e. PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN	A, STREET, FACTORY.) 21f. LOCATION		City or Town		
	MEDICA	While Not while at wark of work  22a. I certify that (I) (the saw the deceased causes stated aboy.	iner) P.M.  PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN  his haspital) attended the	deceased from	1963	, ta_9/25_, 19 death accurred an the d	A that ate and have	(I) (we) last and fram the
	MEDICA	While Not while at wark Not work Not wo	iner) P.M.  PLACE OF INJURY (AT HOME, FARM)  his haspital) attended the alive an re, (I) (we) (did) (did nat) v	deceased from	(my) (aur) apinian	, ta 9/ 25 , 19 death a curred an the d	68, that	(I) (we) last
	MEDICA	While Not while at wark Not work Not wo	iner) P.M.  PLACE OF INJURY (AT HOME, FARM OFFICE BUILDIN  his haspital)_attended the	deceased from	(my) (aur) apinian  NDING AFD. S. DIRECT	, ta 9/ 25 , 19 death accurred an the d	9_68, that ate and haur DATE SIGNED	(I) (we) last and fram the





/	MARYLAND STATE DEPARTMENT OF HEALTH
8	12558 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 20. DATE KNOWN Month Day Year 2b. HOUR (Type or Print)
loy is Poge ent of	THILLIP COPPLET LEFT OF DEATH MATED SONT 4 190 M
eloy d 3 d 3 . Po	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I if UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 1. Sex   4. RACE   S. DATE OF BIRTH   6. AGE (In years I under 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD   73. NOWTHS   DAYS HOURS MIN.   Month   Doy 1   Year   8   73. NOWTHS   73. NOWTHS   DAYS   NOWT
ny deloy 2, ond 3 PM3. Po	VI VV 0 20 1 A 1 YRS. DELG TO 1 PM
any deloy is 1.2 and 3 to m PM3. Page	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED NEVER MARRIED   9. COUNTY OF DEATH
Sign	Model Dispersion Manager Dispersion Manager Ma
24 hours ofter deoth in Item 18. Give Roges is Office along with fall is 1 lond 2 with the Matter is after deoth.	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) INDUSTRY,
57× £ 58	100000 ST JOSEPH POLID STUDENT College
s offer 18. Girls 2 with 1 deoth.	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 134. COUNTY 134. INSIDE CITY LIMITS? 136. STREET AND NUMBER
2 de	PITTON, INSTITUTE OF WISCHOOLINGUS FRANK
Hew 18. Office a lond 2 w after de	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
24   24   1   1   1   1   1   1   1   1   1	Phillip Charles FEFFEL Joanne Frances Ruzicka
hin 24 ncil in niner's poges hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, ng, or unknown)   (If yes give wor or doles of service)   16b. SOCIAL SECURITY NO.   17. INFORMANT   ADDRESS   Towns of service)   17. INFORMANT   17. INFORMANT   18. INF
with person xon X	No 212-32-8081 Phyllis Cook 180 Stammore Rd. Ma
ecuted ing' in edical Es ermit. F	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" if Medical I permit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CEREBRAL TEMORR HATE
be exeminet Me	8 2 / 8 DUE TO, OR AS A CONSEQUENCE OF
be "p	Canditions, if ony, which gove rise to immediate cause (a), (b) SKUCZ FRATURE
ony	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
should be e ne word "per to the Chief I buriol-tronsit	last. (t)
is certificate sho e, writing the v farwarded to the e used os o buri emovol, ond in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ifico iting arder I os ol, o	= 843 XFRACTURE CARVICAL SPINE
This certificate cate, writing the be farwarded to be used os a large control or control or control.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES NO  21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manths Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
	₩ YES NO □
# 7 2 0	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth. Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
INER: Tee certifice should be files.  3 should notian, or	CAUSE OF DEATH P.M. 9/ + 1968   PELL OFF 100R 3E
(AMINER: te the cert te 4 should rour files. oge 3 shou cremotian,	
DEPUTY DICAL EXAMINER: cessary, please execute the cert e funerol director. Poge 4 should may be retained for your files. FUNERAL DIRECTOR: Poge 3 should prior to burial, cremotian,	WHILE AT WORK AT WORK AT WORK TO STREET COXRD. HARFORD Md.
ICAL E exect for Po ed for CTOR:	22a. I certify that I taok charge of the remains described obave, held an Autopsy 🔲, Inspection 🛂, Inquiry 📥 and in my apinian
olease estained birector.	death resulted fram: Natural causes 🔲 , Accident 🖃 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌
please e l director retained L DIRECT	CHIEF MEDICAL EXAMINER
ny, ple erol di be ret RAL D	SIGNATURE VILLEAURO VILLEAURO M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
PUT Sary Sary Junet V by V by HER	EXAMINER'S DEPUTY MEDICAL EXAMINER 9-9-68
o DEPUTY necessary, p the funerol 5 moy be r 6 FUNERAL Heolth price	EXAMINER'S NAME (Type) WILLIAM A. PILCS BURY ADDRESS (Street Lity Hold, and all the street of the st
5 = + ~ 5 = -	23a BURIAL, CREMATION, PREMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
Ka	Butial 9-1-1968 Holy Redeamer Dalto, Md.
10 43545 (8)	24. FUNERAL DIRECTOR  250. REC'D BY REGISTRAR SIGNATURE  250. REC'D BY REC
VR A15ME (5) 10M REV. 1/68	1050 Vork Rd. Towson, Md. 21204 OFFP 6 1968 Charles Judge

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1	1255 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, M. LOST CERTIFICATE OF DEATH  DECEASED NAME First Middle Lost 20, DATE	OF DEATH	2b. HOUR
	(Type or print)  Mary E Feick	Sept 6Doy	1968 M
3.	3. SEX 4. RACE S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	F W Jan: 2 1879	lost birthday) YRS.	MONTHS DAYS HOURS MIN.
70	70. BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY (country)	OF DEATH	Baltimore
	Baltimeor USEC WIDOWED TO DIVORCED		foward Md.
0	Randallstown give street address) Chapel Hill Nur. Home House	ON (Kind of work done ng life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
0 0	Md Hewdro/ Baltimore Is NO L.	SREE AND NUMBER TO MIDDLE	son Avenue Roboson/Rd.
+1"	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First  John C. Engelmeier Coll		Lost
1	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	Address	
	Yes, no, ar unknawn) (If yes give war or dates of service) . Son 3723 Gs	rrison Ave	
4	18:1 CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove )  DUE TO, OR AS A CONSEQUENCE OF		
	nise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF	T PARK	
1	lost. (c)		
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G		
	YES NO CAU	. IF YES, WERE FINDINGS CO SES OF DEATH?	
	G (If either, natify medical examiner)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Manth Day Yeor   P.M. 19		
	While Not while of work of work	ity or Town	County State
	22a. I certify that (I) (this haspital) attended the deceased from 9-7-, 1968, tasaw the deceased alive an 1968, and that in (my) (aur) apinion deat causes stated abave, (I) (we) (MC) (discon) view the bady after death.	h accurred an the dat	e and haur and fram the
	22b. SIGNATURE COLUM M. D. DEGREE PHYS. MED. DIRECTOR D. DIRECTOR D.	STAFF PHYS. D 9-	ATE SIGNED -7-68
	22d. PHYSICIAN'S DY BARBU CALID 220. ADDRESS 215. ST.	Johnson	rue Ellicotting
2	23d. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCA	TION (City or Town)	(County) (Stote)
A.L	BURIAL, CREMATION, REMOVAL (Specify) BURIAL Sept 9 68 Moreland  4. FUNERAL DIRECTOR  23c. NAME OF CEMETERY OR CREMATORY  Moreland  ADDRESS  25c. REC'D BY REGISTRAR	alto Co.	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212014 12563 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE OF OEATH death. executed within 24 hours after death Tonerol ond (Type or print) LAURA 70LKemaR 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR lost birthday) DAYS Female White Oct. 9. COUNTY OF DEATH 7a. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED completely filled In Baltimore WIDOWED I DIVORCED [ arvland 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12o. USUAL OCCUPATION (Kind of work dane event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Catonsville give street address) during most of working life, even if retired.)
Partner - Folk INDUSTRY Nursing Home artner emer 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE Maryland 13b. COUNTY 925 Poplar YES 3 NO F Grove Raltimore and in ony 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Lost pub requires that the death certificate be late Mary Baer John late Becker paysicion 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) buriol, cremation, or removal, Mr. Paul L. Folkemer, 5920 Linthicum C. APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ORONAR IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF ARTURIOSCLEROTIC C-U-Conditions, if any, which gave ) buriol-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **OR ATTENDING PHYSICIAN:** The low requires the be retoined by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) **TO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Heolth prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram-1967, and that in (my) (aur) apinion deoth accurred on the dote and hour and from the saw the deceased alive on\_ couses stated obove, (1) (we) (did) (and we) view the body ofter deoth. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS TOMONDSON NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE (County) (Stote) REMOVAL (Specify) 9-18-68 Loudon Park Cemetery Baltimore. Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Edmondson Ayeo Witzke Fun.Dir.. 4101 30M REV. 1768

MAKTLAND STATE DEPAKTMENT OF HEALTH

CONTRACTOR OF THE CONTRACTOR OF THE PROPERTY O The second second

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12564 CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR er death. And funeral requires that the death certificate be executed within 24 haurs after death (Type or print) Manth Irvin J. Forsyth S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Cauc. July 17, 1891 last/bythday) 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED# NEVER MARRIED Baltimore U.S.A. Baltimore DIVORCED [ WIDOWED [ completely filled emave carbon par any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during Ros seventife, even if retired.) give street address) 1127 Gypsy Lane INDUSTRY Towson 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 1127 Gypsy Lane admission) STATE 13b. COUNTY Md. Baltimore Towson NO TH 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Mary Fisher James Forsyth 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no or unknown) Towson 218 36 8609 Mrs. Bertha E. Fossyth, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) GETWEEN ONSET AND DEATH permit. perlousive DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the Conditions, if any, which gave ) rise ta immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) af tar use as the af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO I 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month\_Day, Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY · City or Town County State While Not while 22a. I certify that (I) (this haspite) attended the deceosed from an analysis of the deceased alive on form the deceased from that in (my) (our) opinion death occurred on the date and haur and from the 7, 19 5 7, to Jestime > 19 68, that (1) (we) last causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE STAFF DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S W. Grafton Hersperger, M. D. NAME (Type) 214 Medical Arts Building 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify)
Burial Lorraine 24. FUNERAL DIRECTOR DATE SEP 2 7 Wm. Cook-Brooks Towson, Towson, Md. Ochanles 1968 30M REVA

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12565 12575 CERTIFICATE OF DEATH DECEASED-NAME Middle 2a DATE OF DEATH 2b. HOUR death. (Type or print) Month 0 6. AGE (In years IF LINDER 1 YEAR 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS. 24 haurs after HOURS last birthday) ban papers. Page , within 72 haurs a 9. COUNTY OF DEATH, 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED filled in country) WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR pau detached far use as the burial-transit permit. Then please remov<del>e Ta</del>rt e Dept. af Health prior ta burial, crematian, ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER complet executed 13b. COUNTY NO 14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last pup requires that the death certificate be physician on please 17. INFORMANT Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, not of unknown) (If yes give you or dates of service) APPROXIMATE INTERVA attending p permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF the Conditions, if any, which gave) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES 🗌 **DIRECTOR:** After this certificate 21a. ACCIDENT WAS UNDERLYING OR ATTENDING PHYSICIAN: 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING TAUSE OF BEATH? HOUR AM. Month Day Year (If either, natify medical examiner) directar, page 3 shauld be detache shauld be filed with the State Dept. 21e. PLACE OF INJURY ( AT HOME, FARM, STRET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Not while at work 220. I certify that (I) (this hospital) attended the deceased from Sury 76 and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive onbe retained causes stoted abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) LOCATION (City or Town) 23a\_BURIAL\_CREMATION 23c. NAME OF CEMETERY OR GREMAJORY (County) FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE Charles VR A15 (4) SEP 30M REV. 1/68 DATE

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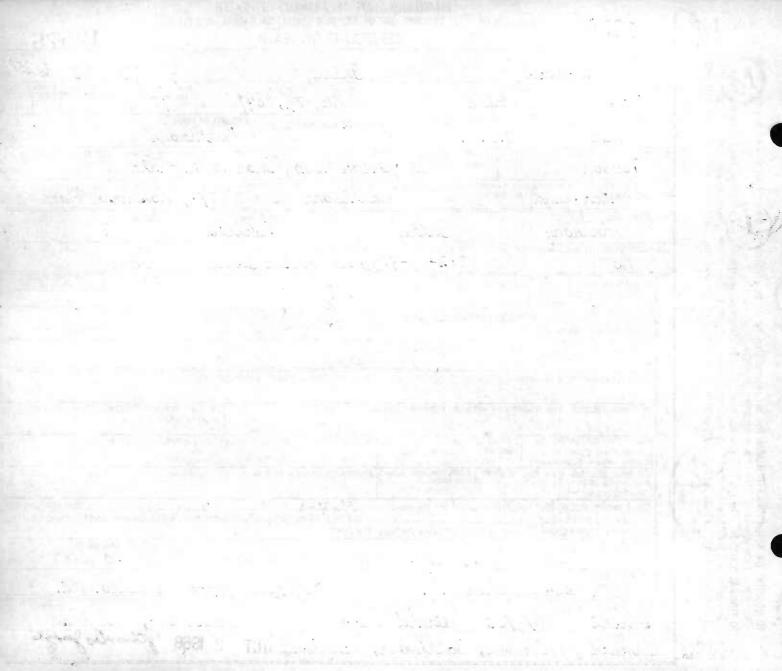






12566 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH (Type or print) Michael Friia 4. RACE bon papers. Pages ..., within 72 haurs after 3. SEX S. DATE OF BIRTH IF UNCER 1 YEAR 6. AGE (In years last birthgay) White Male Aug 23, 1897 executed within 24 haurs «Impletely filled in by 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Baltimore DIVORCED [ WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) ( INDUSTRY lowson directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any event, 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY, OR TOWN land 176. COUNTY Baltimore Northern Pkwu 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Paulita 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address requires that the death certificat Yes, na, ohunknawn) (If yes give war or dates of service) Same APPROXIMATE INTERVA CAUSE OF DEATH (Enter only one cause per line far (σ), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND GEAT IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 210, ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Not while of wark 22a. I **certify** that (I) (this haspital) attended the deceased fram 5/25/68, 19, to 6/14/68, 19, saw the deceased alive an 19, and that in (my) (aur) apinion death occurred on the day , and that in (my) (aur) apinian death occurred on the date and havr and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 10-2-68 DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Robert 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (State) Druid Ridge Baltimore,

MARYLAND STATE DEPARTMENT OF HEALTH

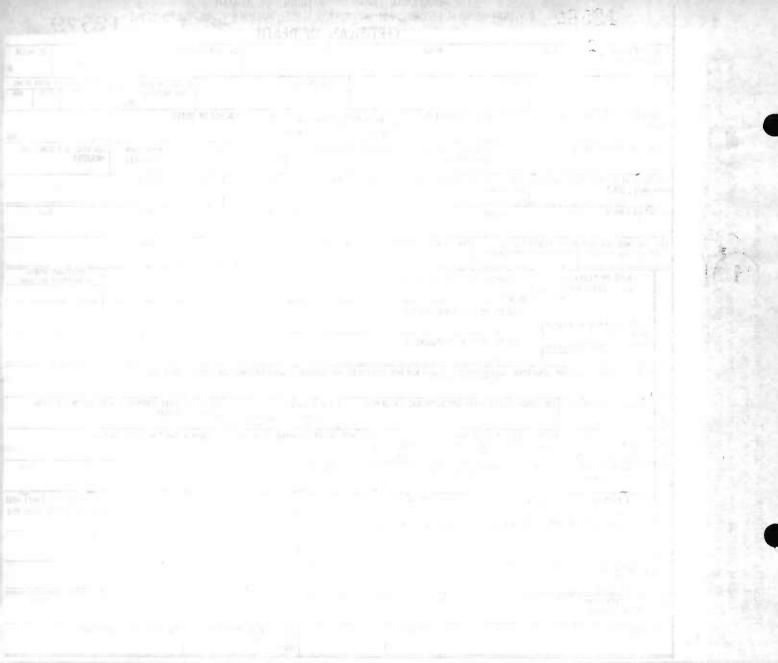


5		12567	DIVISION OF VITAL RECORDS,	D STATE DEPA 301 W. PRESTO CERTIFICATE	N STREET, BAL	TIMORE, MA	RYLAND 212		25'7'7
		CEASED-NAME Firs  YPE or print)  JOHN		FRISC		20. DATE OF Sep	Month tember	27 19	
	3. 30	Male	Cau.		oruary 27	1898	6. AGE (In year lost birthdoy)		AYS HOURS MIN.
	7o. (	BIRTHPLACE (Stote or foreign try) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEV		9. COUNTY OF Balti			Md
	10. (	Phoenix, Md.	11. NAME OF HOSPITAL OR IN: give street oddress) Blemheim & D.	ance Měil	Rds. Su	UAL OCCUPATION most of working IPETINTE	life, even if reti ndent	red.) INDUSTR Bal	O OF BUSINESS OR LY t. County
5	odm	ssion) STATE Maryland	osed lived, if institution: Residence before 13b. COUNTY Baltimore	Phoenix		NOX B1	REET AND NUMBI emheim F	Road	
		ATHERS NAME First Charl	es Frisc	h		first	Louise		lost Stetner
		was deceased ever in u.s. ares, no or unknown) (If yes give	MED FORCES? 16b. SOCIAL SECURITY 212-32-19		C. Frisc	h Jr.	Addr 2606 Fra	Joppa, anklinvi	Md. 11e Rd.
	NO	PART 1. DEATH WAS CAUS IMMED  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TI				Pro	EEN ONSET AND DEATH MEDICAL LICENSES LICENSES
2	CERTIFICATION		). CONDITION FOR WHICH OPERATION WAS PE		o. AUTOPSY? YES NO [	CAUSES	OF DEATH?	INGS CONSIDERED	IN CERTIFYING
	MEDICAL CE	210. ACCIDENT WAS UNDERLY OF CONTRIBUTING CAUSE OF OR (If either, notify medical example)	ATH HOUR A.M. Month Doy Yeor niner) P.M.	9	JRY OCCURRED (En		ry in Port 1 or P	ort 2, Item 18.)	
	ME	While Not while ot work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	a	0	110 10	or Town	County	Stote
		sow the deceased couses stoted obov	his hospital) attended the deceose alive on	9 ond that		pinion death		he date and ho	
		22d. PHYSICIAN'S	ly IF Kein	DEGREE P	TTENDING HYS. 2e. ADDRESS	MED. DIRECTOR	STAFF PHYS.	22c. DATE SIGNED	468
	22-		harles H. Reier  DATE 23c. NAME OF	CEMETERY OR CREMA		York Ros	ad ON (City or Town)	15	(64-4-)
)		DEMOVAL (Speciful)	pt. 30,1968 St. Jo	hn's Luthe	eran Cem.		t Air ]	) (County) Balt Co TRAR'S SIGNATURE	(Stote) Md.

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		12568	DIVISION OF VITAL RECO		RESTON STREET, BAI		RYLAND 21201	25'78	
		CEASED-NAME First (Pe or print)			Last GAL FORD	2a. DATE OF	DEATH Month / Day	Y 68 Year	2b. HOUR
	3. SE		4. RACE White		S. DATE OF BIRTH		6. AGE (In years lost birthagy)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. E coun	IRTHPLACE (State ar fareign try) W. Va	7b. CITIZEN OF WHAT COUNTRY? 24.5.	8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY OF		ORE	Md.
>	10. C	atonoville	11. NAME OF HOSPITAL give street address)	1	e1 / // during	MOST of working	(Kind of work done life even if retired.)	12b. KIND OF I INDUSTRY	BUSINESS OR
3	13o. admi	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence to 13b. COUNTY BALTO	efore 13c. CITY OR		Y LIMITS? 13e. STF	REET AND NUMBER	K Rd	
	14. F	ATHER'S NAME First  JAMES		FORD 15	. MOTHER'S MAIDEN NAME	First ENSA	Middle	RAGG	Last
		WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)  16b. SOCIAL SEC .203-10		NFORMANT CHART		Address		Chi
		Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	CE OF	THE TERMINAL DISEASE O	R CONDITION GIVEN	Tulmale	- chi	lgs oni
2	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION V	NAS PERFORMED	20o. AUTOPSY?  YES NO		YES, WERE FINDINGS ( OF DEATH?	CONSIDERED IN CE	RTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLY!  OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	ATH HOUR A.M. Manth Day	Yeor			y in Part 1 or Part 2,	Item 18.)	
	ME	21d. INJURY OCCURRED 21e While Nat while at wark	PLACE OF INJURY ( AT HOME, FARM, ST OFFICE BUILDING, E	REET, FACTORY,) 21f. LO	CATION Street or R.F.D.	Na. City	or Town	Caunty	State
		saw the deceased courses stated abov	his haspital) attended the dealive an ge, (I) (we) (did) (did nat) view	19_66 and	d that in (my) (auc)o	pinian death o	occurred an the de		(I) (we) last and fram the
		22b. SIGNATURE  Plearly  22d. PHYSICIAN'S	b. Buzuar	Mp DEGR	EE ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS. 22c.	DATE SIGNED	8
		NAME (Type) Fra 4		eson			1 11		
		REMOVAL (Specify)	DATE 9/5/68 23c. NAI	50-0el=	the present		(City of Town)	+ (County)	(State)
1	24.	FUNERAL DIRECTOR BUSE	rs 8728 Rib	ant y K	SEP 250. REC'E	BY REGISTRAR 4 1968	25b. REGISTRAR'S	SIGNATURE	

1	12569 DIVISION OF VITAL RECORDS, 301 V	V. PRESTON STREET, BALTIMORE, MARYLAND 2	1201 12579
	1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH	1.4010
٠ ٨ د	Burton E. Gant	Sept. 9, 1968	AA
after death he funeral ges 1 and	3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD BALTIMORE COUNTY	Sept. 9, 1968  4. USUAL RESIDENCE (Where deceased lived, If in A. STATE  B. COUNTY	nstitution: residence before odmission)
after after ages	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	C. CITY OR TOWN	IDE CITY MM TS?
A Poor		Balto.	YES TO NOTE
2 2	Passant Hassan Namaina Hama	E. STREET AND NUMBER	120
A BOOK	Forrest Haven Nursing Home 315 Ingleside Avenue	1127 Gilmor St.	
つる事業	5. SEX   6. RACE   7. MARRIED   NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
oletely carbar	MARKIED NEVER MARKIED	lost birthday)	Months Doys Hours Min.
ple ed l	Male Negroid WIDOWED DIVORCED	2-23-02 66	
cample ave contact	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY?
exe o p		Md.	U.S.A.
be ex	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and camplet as 3 should be detached for use as the burial-transit permit. The places remove car	Chester Gant	Bessie Roberts	
E Tag	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)  16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
至 建宁	04 30001 55	Densther Court (Accet)	2017 Walbrook Av
affending	Ves   2180391,57		2017 Walbrook Av
aff	DISEASE OR CONDITION DIRECTLY		BETWEEN ONSET AND DEATH
sit the the	LEADING TO DEATH		
ss that the cian.	(This does not meen the made of dying, e.g., (A)IMMEDIATE CA	A CONSEQUENCE DE	1. C. U.S.
equires physicio signed burial-tr	heart failure, asthenia, etc. It means the disease,	NEW OFICEN WELWLAND	
hyy urio	injury or complication which caused death.)	NEW DITTURE WELVERIN	
Teg a se b	ANTECEDENT CAUSES		
aw rading been the	DISEASES OR CONDITIONS, if any, giving DUE TO, OR AS	s a consequence of:	
The law ratending has been se as the	rise to the above couse (A) stoling the		
The series	(0)		
YSICIAN: aspital ar certificate hed for us	Z OVUED CICALIFICANT CONTRIBUTING		
Dia Tara	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (A).		
G PHYSICI the haspit r this certif detached			± 1 a
det his	22. I certify that (I) (this haspital) attended the deceased from	5 / 196 ta	T
IN Doy Doe	that (1) (we) last saw the deceased alive on	19 ond that in(my) (owr) op	in/on death occurred on the dote
Q P X P	and hour and from the causes stated above. (1) (We) (did) (did not)	view the body ofter deoth.	
THE SE	23A. SIGNATURE?		23B. DATE SIGNED
A te la	Att	hending Med. Staff	0/00/00/
be be	DEGREE Phy	·	17//0/68
TO HOSPITAL OR ATTENDING P Page 4 may be retained by the TO FUNERAL DIRECTOR: After this director, page 3 should be det	23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS	'/ /
SPIII	10111 H. Show M.M. DEGREE	8 DEN SUMBUNSIN A VE-	1201- 1-8. MIL
et Re P	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CR		rty, town, or county) (State)
0 0 0 j	REMOVAL (Specify)	0 /	
F F	Burial 9-12-68 Balto Nat'l.	7	Naryland
OM RE	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	25C. FUNERAL DIRECTOR V.R. Bai.	Ley
		Kalson F. H. 1348 N	. Calhoun St.



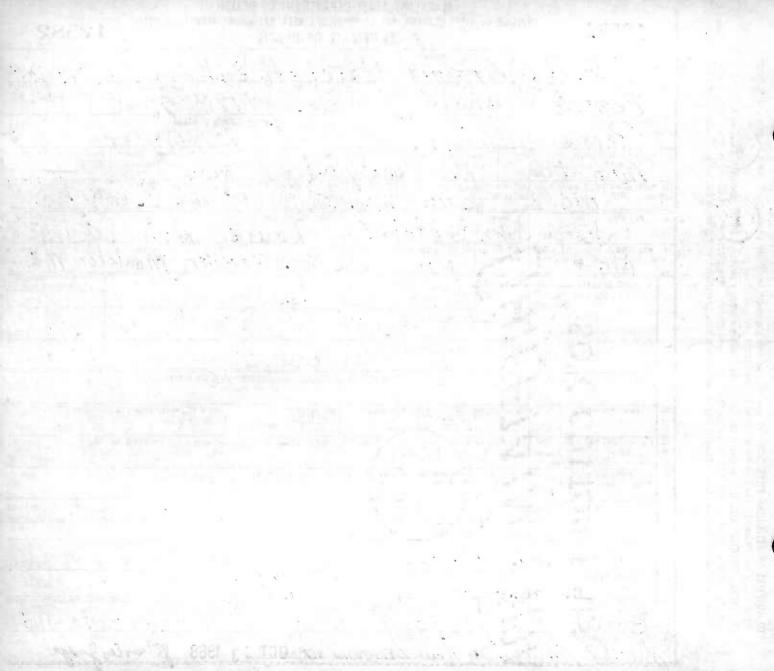
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2580 MAKTLAND STATE DEPAKIMENT OF HEALTH CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR and 2 death. 24 hours after death funeral 1 and (Type or print) Edith Month Garrettson 8.50M September 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years JE LINDER 1 YEAR IF UNDER 24 HRS. 3-24-1886 lost birthday) DAYS Female White MONTHS ! HOURS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Baltimore WIDOWED T DIVORCED | U.S.A. Bal timore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY give street oddress) during most of working life, even if retired.) St. Joseph Hospital Towson burial, crematian, ar remaval, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 7820 Hillsway Ave., 21234 NO DC YES Baltimore Maryland Baltimore 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Howard J. Beck requires that the death certificate be Mary R. Rileu 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no ar unknown) (If yes give war or dates of service) 215-10-2119D Mrs Mary B. Ritter 806 Edmondson 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)

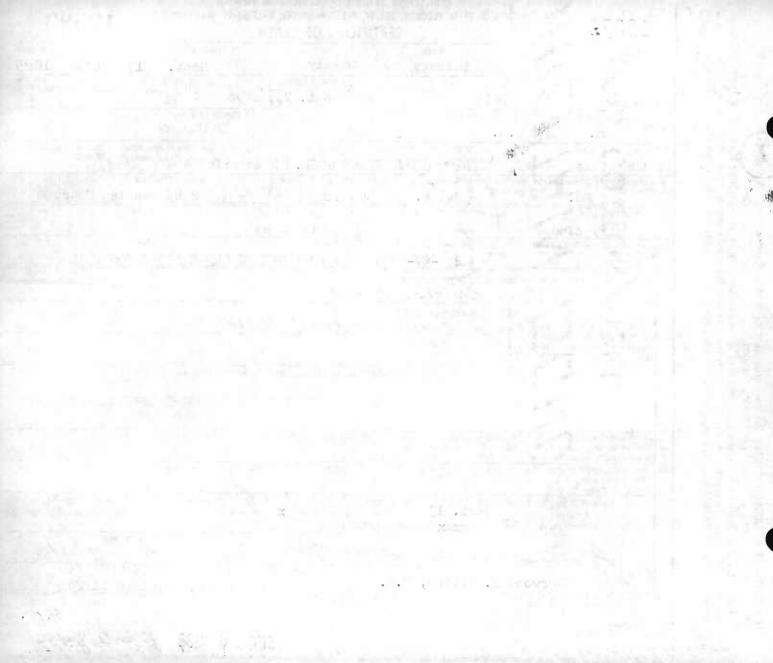
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

Bronchiolar carcinoma BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES PC NO T Page 4 may be retained by the haspital ar IO FUNERAL DIRECTOR: After this certificate TO HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased fram 9/18/, 19 68, ta 9/29/, 19\_68, that (1) saw the deceased alive an 9/20/ 1968, and that in (my) (our) opinion deoth occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 9/30/68 **ATTENDING** MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 7620 York Rd., Towson Md., 21204 22d. PHYSICIAN'S Christina Feliciano, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 3.1968 Baltimore Cemeteru Baltimore . Maruland 24. FUNERAL DIRECTOR Sterling Juneral Estate 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Mintes Judge 2 1968 736 Edmondson Ave. DATE OCT 30M REV. Catomerille Alla VIVVE

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12584 12574 CERTIFICATE OF DEATH Lost 1. DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR the funeral iges I and 2 s after deoth. deoth. (Type or print) Manth Year 60 GATZKE Gene Lanny 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 24 hours after 3. SEX lost birthdoy) 12/23/42 MONTHS DAYS HOURS White Male 25 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED country ! Baltimore U.S.A. WIDOWED [ DIVORCED [ burial, cremation, or removal, and in any event, within 22 South Dakota completely filled. 11. NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a. USUAL OCCUPATION (Kind of work dane 10 CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress)
Rosewood State Hospital corbon during most of warking life even if retired.) **INDUSTRY** None Owings Mills 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY
Prince George 2715 Rose Valley Drive admission) STATE YES TX NO Maryland Wash. IS. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Last pup Benthin Dorothy Evelvn Lyle Edward Gatzke please ottending physicion permit. Then please requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates of service) Yes, na. ar unknown) Rosewood Records, Owings Mills, Maryland none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY 70 days IMMEDIATE CAUSE (o) DUE TO, OPMAS A CONSEQUENCE OF signed by the burial-tronsit p the Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) may be retained by the hospital or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION O HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the hospital or atte CAUSES OF DEATH? Yes YES TO NO 🗌 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased fram 7/29 \_\_\_\_, 19<u>68</u>, ta\_ 9/24 \_\_\_\_, 19\_68 , that M 1968, and that in (arr) (aur) apinian death accurred an the date and have and from the saw the deceased alive an\_\_\_ causes stated abave, (b) (we) (did) (diamet) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 9/24/68 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Rosewood St. Hosp., Owings Mills, Md. Richard A. Jones. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE (County) (Stote) rlington Wational REMOVAL Specify ept ngton, 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FULLERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV, 1/68

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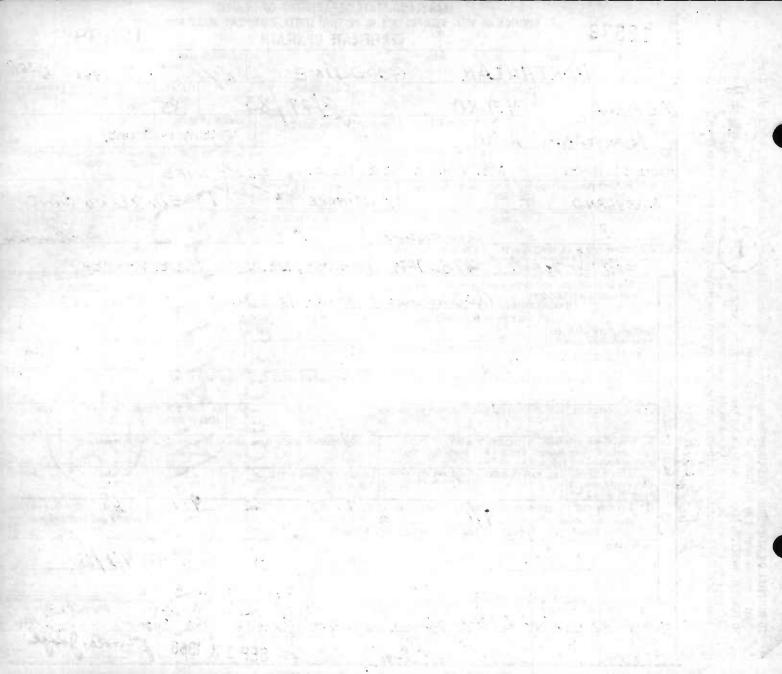
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		22b. SIGNATURE	a Ost	en M	DEGRE	ATTENDING PHYS.	MED. DIRECTOR	CTAFF	DATE SIGNED	C
		22d. PHYSIUAN'S	2 .	0		22e. ADDRESS	DIRECTOR	/HTS. 1 7	1	3
		22d. PHYSILIAN'S NAME (Yype) H	CRACI	USTEL	2	6821	Keisters'	town t	Youd	
	23a.	BURIAL, CREMATION, 23	b. DATE		CEMETERY OR C		23d. LOCATION	(City or Town)	(County)	(State)
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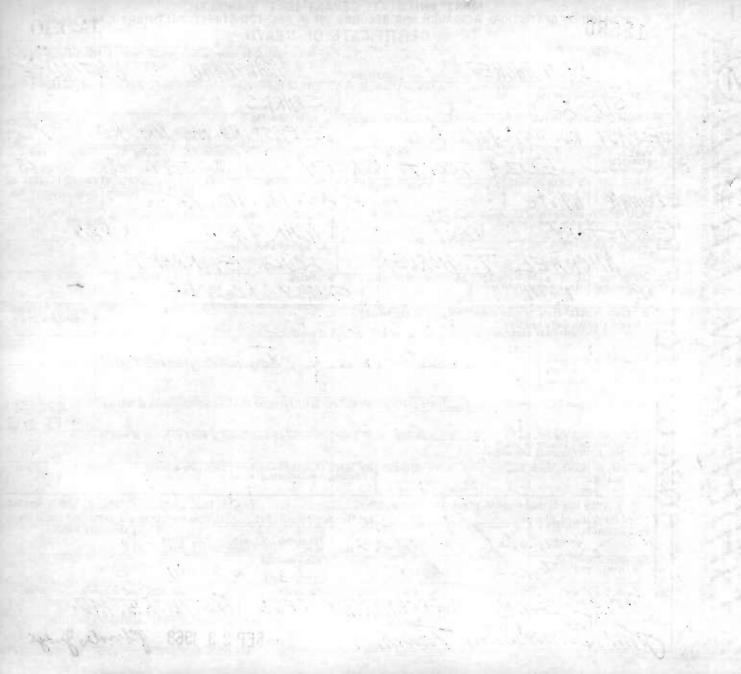
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12578 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2b. HOUR death. executed within 24 hours after death funerol i (Type or print) Month 35 F DORTHULAR GOODJINE 4. RACE 3. SEX S. DATE OF/BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS MONTHS FEMALE NEGRO YRS 7o. BIRTHPLACE (Stote or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WaltimoreCounty WIDOWED [ DIVORCED completely filled event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR dive street oddress) during, most of working life, even if retired.) INDUSTRY corbon Mount Wilson State Hosp. HOUSE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY MAITS? 136. COUNTY NO 1805 Dukel BALTIMORE remove and in ony 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First O 0 pleose VSICION 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, or unknown) cremation, or removal, Records, Mt. Wilson State Hospital attending p APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: beteriosclero permit. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF the Canditions, if only, which gove ) signed by the buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospitol or attending physician. stoting the underlying cause buriol, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the t Heolth prior to b hos been CERTIFICATION 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Dept. of I (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State TO FUNERAL DIRECTOR: After this While Not while of work be de State 22a. I certify that (I) (this hospital) attemded the deceased from... .19 ..., and that in (my) (our) opinion death occurred on the date and hour and from the sow the deceosed alive onshould with the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, poge 3 should be filed v M DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mount Wilson, Maryland William Newcomer NAME OF CEMETERY OR PREMATORY LOCATION (City of Jown) BURIAL, CREMATION (County) (Stote) 25a. REC'D BY REGISTRAR DATE SEP 30M REV.



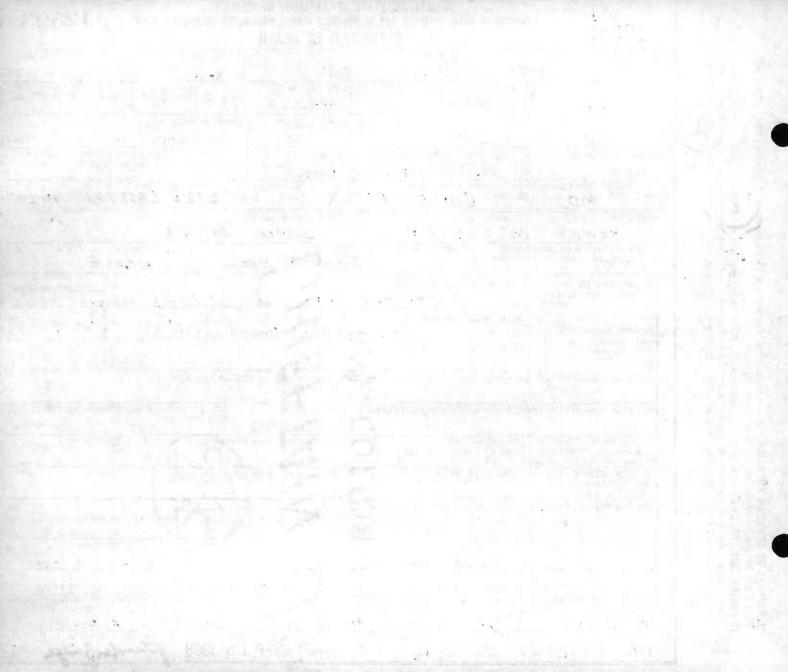
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MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. eral and 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) C. LENCTH GF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) .= filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADORESS 6. IS RESIDENCE DN A FARM? papers in 72 within YES NO within npletely carbon 3. NAME DE Middle 4. DATE First Month Day DECEASED DE DEATH S event, (Type or print) SEX 6. COLOR OR RACE ACE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. DATE OF BIRTH 8. 9. remove 7. MARRIED NEVER MARRIED Days and any WIDOWED DIVORCED 13 .= 1Da. USUAL DCCUPATION (Give kind of work done) 12. CITIZEN DF WHAT 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) attending physician rmit. Then please ease and in during most of working life, even if retired) COUNTRY? INDUSTRY ECKET death certificate 13. FATHER'S NAME removal. 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? ed by the attend transit permit. , cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMAN Address (Yes, no or unkown) (If yes give war or dates of service) has been signed by the e as the burial-transit phe prior to burial, cremati CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) OUF TO Conditions, if any, which gave rise to immediate DUE TD cause (a), stating the underlying cause last. After this certificate ha ld be detached for use a le State Dept. of Health pi CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO T YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part 1 or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING Page 4 may be retained by p.m. at work at work DIRECTOR: Af age 3 should billed with the S 21. I certify that (I) (this hospital) attended the deceased from M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22b. DATE SICNED 22a. SICNATURE page : ATTENDING PHYS. DIRECTOR PHYS. FUNERAL director, p 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. NAME OF CEMETERY OR CREMATOR LOCATION (City, town or county) (State) 2 EMOYAL (Solegify) FUNERAL OFRECTOR **ADDRESS** 25b. REGISTRAR'S SIGNATURE 1968 VR AI5 (4) 2DM 1/65



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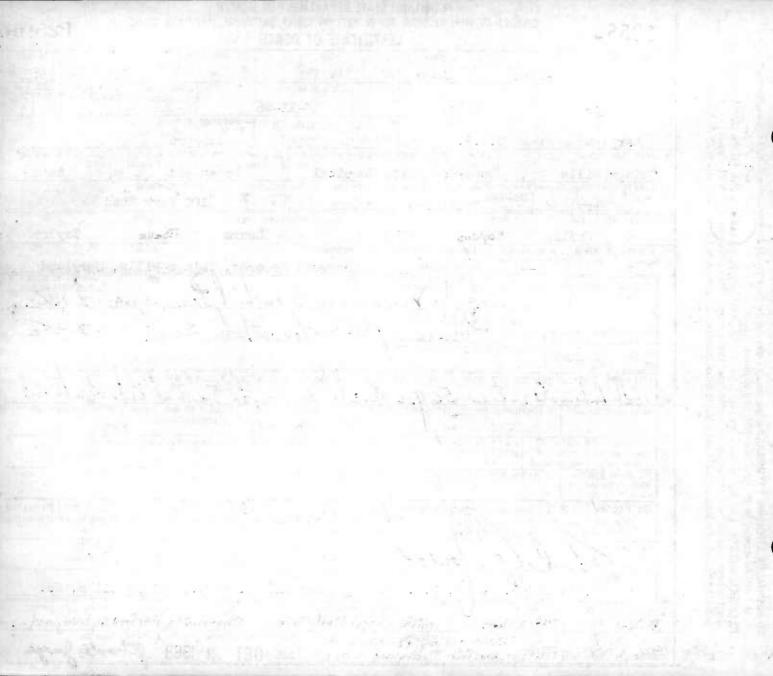
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12586 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12596 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT. 1. DECEASED-NAME 2a. DATE KNOWNET Month (Type or Print) HASTLER MARIAN DEATH MATED IF LINDER 24 HRS 4. RACE 2c. DATE PRONOUNCED DEAD ·7a: BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? country) USA WIDOWED 10. EITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) death. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER with 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 4 should be forworded to the Chief Medical Examiner's Office olon 13b. COUNTY odmissian) STATE RIVERSIDE lond 2 be executed within 24 hours ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME HARRIS haurs podes 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** (Yes, na, ar unknawn) (If yes give war or dates of service) HASTLER MARTIN APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise to immediate couse (a). ony This certificate should icate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removal, 19a. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗌 NO T pe 21a. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) moy be retained far your FUNERAL DIRECTOR: Poge NOT WHILE 22a. I certify that I taok charge of the remains described above, held an Autapsy ... Inspection 1 and in my opinion the funerol director. Suicide death resulted fram: Natural causes Accident Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Heolth MORNING TON RIDESS(Street, city, tawn, ar county) 6800 23o. BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) LOUDON BALTO 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 1968 00 CONNELLY 10M REV. 1/68

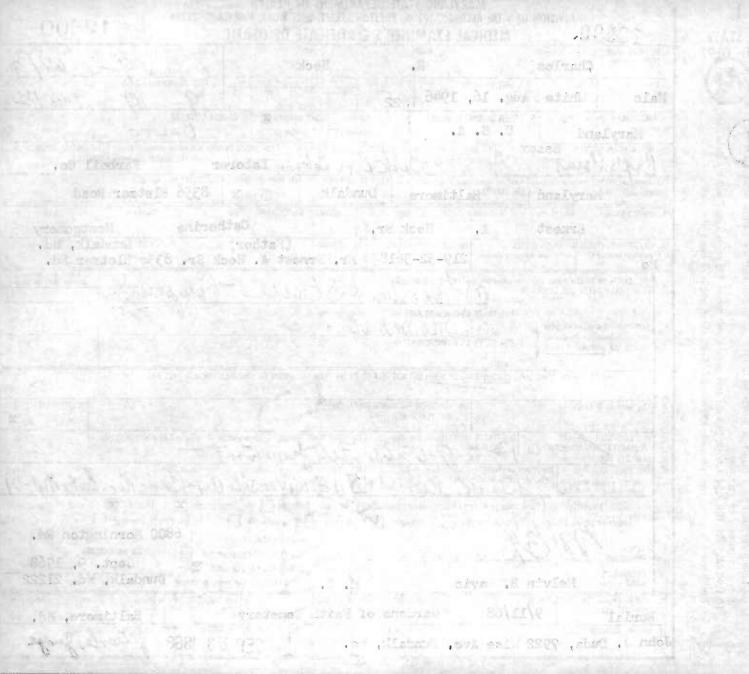
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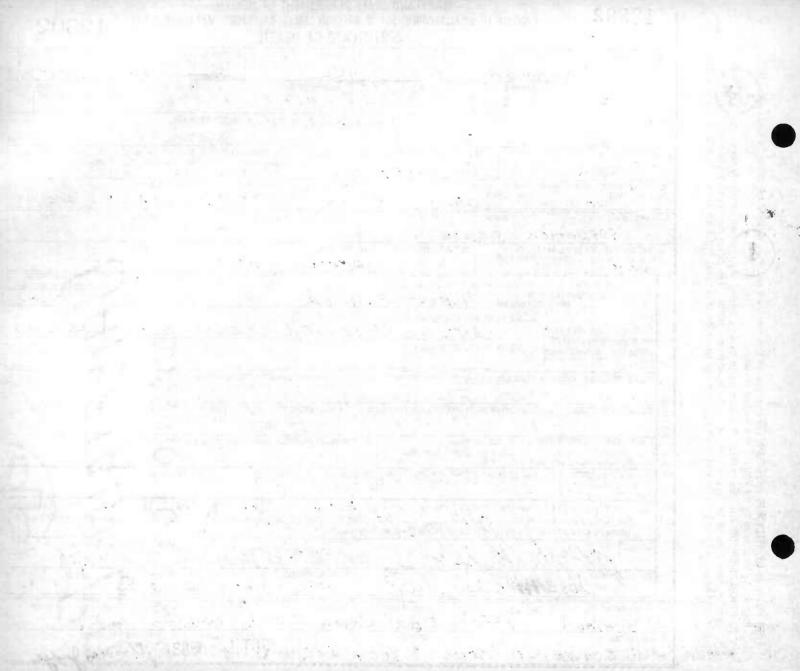
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12600 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH\_DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month (Type ar Print) OF ESTI-DEATH MATED Charles E. Heck 4. RACE 6. AGE (In years IF UNDER 24 HRS. 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED and Male White Aug. 16, 1946 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Maryland U. S. A. WIDOWED [ DIVORCED [ DALTO 10. CITY OR TOWN OF DEATH ESSEX 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done Belto 21 during most of working life, even if refreed h INDUSTRY Co. lond 2 with the 13a. USUA! RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? admission) STATMaryland Dundalk 13b. COUNTY Baltimore 8356 Bletzer Road YES NO X in pencil in Item 18. ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Catherine Heck Sr. Ernest Montgomery poges ADDRESS Dundalk, Md. (Father) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within (Yes, no, ar unknown) 219-52-3618 Mr. Ernest A. Heck Sr. 8356 Bletzer Rd. APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (A) permit. BETWEEN ONSET AND GEATI PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o). writing the word This certificate should DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO P execute the certificate. 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enterpreture of injury in Port 1 or Part 2, Item 18.) 21b, TIME OF INJURY Month, Doy, Year PRIMARY LOR CONTRIBUTING [ CAUSE OF DEATH 21e PLACE OF INJURY (At home, form, street, City or Jown Stote Rivenside 220. I certify that I took charge of the remains described above, beld on Autopsy ... Inspection X Inquiry x, and in my opinion Natural causes Accident Suicide Undetermined manner deoth resulted fram: , Homicide 6800 Mornington Rd. CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER Sept. 9, 1968 DEPUTY MEDICAL EXAMINER 5 moy b O FUNER Heolth **EXAMINER'S** ADDRESS(Street, city, town, or county) Dundalk, Md. 21222 Melvin B. Davis M. D. NAME (Type) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 9/11/68 Gardens of Faith Cemetery Baltimore, Md. 24. FUNERAL DIRECTOR ADDRESS 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. VR ATSMEYS 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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		12594 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 12604
		(CEASED-NAME First Permence M. Hoshall Sept. Month 30 Day 68 Year 10 P. M
	3. SE	Male  4. RACE Cauc.  S. Date Of BIRTH July 18, 1904 6. AGE (In years if under 24 Hrs. lost birthdog) WONTHS DAYS HOURS MIN.
	7o. E	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH / WIDOWED DIVORCED MARRIED MARRI
0	10.0	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  120. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  121. NAME OF HOSPITAL OR INSTITUTION (If not in hospital)  122. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  123. VSUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  124. WIND OF BUSINESS OR INDUSTRY  125. WIND OF BUSINESS OR INSTITUTION (If not in hospital)  126. USUAL OCCUPATION (Kind of work dane during most of work dane)
B	13a. admi	USUAL RESIDENCE (Where deceased lived, if institution: Residence before sian) STATE May 13b. COUNTY 2/50 White Hall YES NO 4 Hunter Mill Rd
	14. F	Thomas M. Hoshall Is. Mother's Maiden Name First Belle Miller
i	16a. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Rd. White Hall, M. 1989, na, optanknown) (If yes give war or dates of service) 214-03-629 Add J. Hoshall, Hunter Mill Rd. White Hall, M.
		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF.  Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause (as.)  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)
	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	A	YES NO CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner)  21b. TIME OF INJURY HOUR A.M. Manth Day Year P.M. 19
		21d. INJURY OCCURRED   21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County State at work
	1	22a. I certify that (I) (this haspital) attended the deceased from 1920, ta 4730, 1968, that (I) (we) las saw the deceased alive an 1923, and that in (my) (our) apinian death occurred an the date and have and from the causes stated abave, (I) (we) (did) (did) (did) (did) (view) (we) (aliana) view the bady after death.
		226. SIGNATURE  MED.  PHYS.  STAFF  10/1/68  226. ADDRESS  226. ADDRESS  226. ADDRESS
	22.	NAME (Type) H. M. FRAVCE PARKTON, 144.
		BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County), (State)  FONERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
1	X	ames & partenstein New Freedom, To DATOCT 4 1968 schanles Jusse

TEPPERCE M. HOSKAH SORT SORT IS Cruc. - 10/1/8/18/18/18/2 WarteHall Burger Mill Bd. Bus Driver Bun and Mid Batto White Hall " - in the less Mille toda Thomas M. Hoshall Chibe Bolle Miller 110 24 03 6x87 File I Hoshall Hunterman Rd. Kantettell Hu Single In 18 18 18 Vernon Cen ... White the Little Steel " I server by the transfer the the the first of the second 
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please , and i	160.	WAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECURITY N	D. 17. INFORMAN	IT BRUCK	47 812	Address		
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the continuity		Conditions, if any, which g		LIVADE	24FA/51	IVE CI	1. DISER	1	3 YCAI	M. B
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<b>三</b>	MEDICAL	(If either, notify medical e	examiner) P.M.	19						
binG PHYSICIAN: The law requires that the debth by the hospitol or attending physician. After this certificate has been signed by the attendit be detoched for use as the burial-transit permit. Stote Dept. of Health prior to burial, cremotion, or re	W	21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	Cor	unty	Stote
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health prior to burial, cre-		Estar	2 THL	upmo,	DEGREE PH	TENDING MEI	D. STAFF	0 9//7	1/68	
y b b oge		22d. PHYSICIAN'S	100			a. ADDRESS				1
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O HOSPITAL OR Poge 4 moy be 1 O FUNERAL DIRE director, poge 3 should be filed v	220	BURIAL, CREMATION,	23b. DATE		EMETERY OR CREMATO	)PY	23d. LOCATION (City or	Town) (C.	iunty) (Sta	ite\
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		12596	DIVISION OF VITAL RECORDS, 3	OTATE DEPARTMENT OF T 101 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	2606
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1	7o. E	STATE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	Md.
00	10. 0	TY OR TOWN OF DEATH Reisterstown	11. NAME OF HOSPITAL OR INST	ITUTION (If not in hospital 120. USU during m	AL OCCUPATION (Kind of work done last of working life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY  Decker Co.
03	13o. odmi	USUAL RESIDENCE (Where deceos ssion) STATE PYLAND	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY I	IMITS? 13e. STREET AND NUMBER	venue
1		ATHER'S NAME First Gordon	Middle Lost Watson Hudgins	IS. MOTHER'S MAIDEN NAME	First Middle annie Rebecca	Allander
	16a. Y		8-1952 213-26-2	976 Mrs. Ann Hi	udgins Reisters	t Avenue
. X		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	arrest		BETWEEN ORSET AND DEATH 15 mins. 5 days
X	CERTIFICATION	PART 2. OTHER SIGNIFICANT CON	(c) Arteriosc  NDITIONS CONTRIBUTING TO DEATH BUT NOT  CONDITION FOR WHICH OPERATION WAS PERI		CONDITION GIVEN IN PART 1(o)  20b. IF YES, WERE FINDINGS CON	VSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAI (If either, notify medical exami	TH HOUR A.M. Manth Day Year iner) P.M. 19		er nature of injury in Part 1 ar Part 2, Ite	em 18.)
	ME	While Not while at work		DRY.) 21f. LOCATION Street ar R.F.D. No.	State of Distance and State of	County State
		saw the deceased a causes stated abave	nis haspital) attended the deceased alive an Sept 25 19 e, (I) (we) (did) (did nat) view the b	1 from ept •23 , 195 68, and that in (my) (our) op ady after death.	inian death accurred on the dot	e ond hour and tram the
		22b. SIGNATURE  Martin E.  22d. PHYSICIAN'S	Strobel	DEGREE PHYS. 22e. ADDRESS	ATD CTAFF	o-68
	220	NAME (Type Marti) BURIAL, CREMATION, 23b.	n E. Strobel, M.	D. 59 Hanove	er Rd.Reisterst	own, Md. (County) (Stote)
				stown Meth. Cer	m. Reisterstown	,Balto.,Md.
	24.	H.J. Tehline	Owings Mills	, Md. DATE	3 1968 25b REGISTRAR'S S	& Judge

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3.	SEX		4. RACE				S. DATE OF I	BIRTH		-	S. AGE (In year last birthday)	s	IF UNDER † YEAR	IF UND	R 24 HRS.
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		Timonium		give street of	ddess) Ivy	Church	Rd.	during	tude	orking lif <b>nt</b>	e, even if reti	red.)	INDUSTRY		
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00	mis	sion) STATE Md.	13b. CO	Bal	timore	Tim	onium	YES N	10 🙀	. 4	08 Ivv	Ch	urch R	1.	
14	. FA	THER'S NAME First	М	iddle	Lost	7		NAIDEN NAME	First		Mide			Loss	
		John A. H	lugg, J	c.			Jea	ne Bry	ant						
10	6a. \	WAS DECEASED EVER IN U.S.		? 16b. S	OCIAL SECURITY	NO. 17. I	NFORMANT				Addr	ess			
L	16	s, no, or unknown)   If yes go NO	ive wat or dates or se	(VICE)	-8		John	Hopki	ns	Medi	cal Re	cor	ds		
	1	18. CAUSE OF DEATH (Enter	anly one caus	e per line far	(g) (b), and (c)	.)							APPROX	IMATE INTE	RVAL OFATH
	1	PART I. DEATH WAS CAL	JSED BY: EDIATE CAUSE (c	1 /	Mura	me	724 .								
Г	1	733/	,	1	INSEQUENCE OF		1	/				10,000			
	1	Conditions, if any, which gas	ve)	b wol	usun	nd V	int	roalle	1						
L		rise to immediate cause (c stating the underlying cou		O, OR AS A CI	ONSEQUENCE OF	1	1	//	1						
Г		last.	<u>~</u> )	(c)			/	1/ /							
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING T	O DEATH BUT N	OT RELATED TO	THE TERMIN	AL DISEASE OR	CONDITIO	N GIVEN	IN PART 1(o)				
1,	2	7447													
1 5	CEKIIFICATION	19a. DATE OF OPERATION	9b. CONDITION	FOR WHICH OP	ERATION WAS PE	RFORMED	20a. AUT	OPSY?				NGŞ C	ONSIDERED IN	ERTIFYI	1G
Ì	Ĭ						YES [7	NO [		CAUSES C	OF DEATH?	X	PCC		
		210. ACCIDENT WAS UNDERL	YING 21b.	TIME OF INJUR		21c. H	W INJURY O	CCURRED (Ent	er nature	of injury	in Port 1 or Py	ort 2,	Item 18.)		- 1
100	MEDICAL	OR CONTRIBUTING CAUSE OF	orath MOU ominer)	R A.M. Mor P.M.	ith Day Year						100				
1		21d. INJURY OCCURRED 2	le. PLACE OF I	NJURY (AT HO	ME, FARM, STREET, FA	CTORY.) 21f. LC	CATION Stre	eet ar R.F.D. N	0.	City a	r Town		County	-41	State
	0	While Nat while at work					1/-	4 4	-a		N-	1			
Г		22a. I certify that (I) saw the deceased causes stated abo	(this hospite	l) attended	the deceos	ed from	150	2, 195	)/,	toC	rai	×19.	, tha	t (I) (v	ve) las
L		saw the deceased causes stated abo	alive on	(4:4) (4:4)	O all view she	19_02, Juli	that in (r	ny) (our) op	oinión d	eath ac	curred an ti	ne da	ite and hour	and fr	om th
	_	22b. SIGNATURE	Jve-(I) (we)	(ala) (ala r	ior) view me	bady after	iegin.		/				-	1	~
L	ľ	220. SIGNATORE	Ton	111	1 Gul	DEGR	EE PHYS.	ING	MED. DIRECTOR	П	STAFF PHYS.	221.	DATE SUGNED _	3/6	X
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ı		22d. PHYSICIAN'S NAMA (Type)	BUIS	11.	Trat	T,Vr,	/ 1/	890	2/	Lee	way!	LY	21-2	123	4
23	3a.	BURIAL, CREMATION, 23	Bb. DATE	-	23c. NAME OF	CEMETERY OR	CREMATORY		23d.		(City or Town)		(County)	(Sta	te)
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2	4. F	UNERAL DIRECTOR			ADDRESS			2So. REC'D	BY REGIS				SIGNATURE		
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MAKTLAND STATE DEPAKTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2a. DATE KNOWN HEALTH DEP 1. DECEASED-NAME Middle 2b. HOUR Year (Type or Print) JANE delay is and 3 ta M3. Page SARAH HUNTER 9-20 68 2:50 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 4. RACE 2c. DATE PRONOUNCED DEAD 3. SEX S. DATE OF BIRTH 2d. HOUR Day 20 Departm White Female. 2:50 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office alang with farm country Baltimore Baltimore U.S.A. WIDOWED DIVORCED the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) **INDUSTRY** giv Street address eph Hospital Towson Home-maker at home 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) Maryland 18b. COUNTY YES NO 3231 Elmlev Avenue tem 18. Baltimore and 2 4. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Hunter Mary Connors . 🗆 hours the certificate, writing the ward "pending" in pencil ir 4 shauld be farwarded to the Chief Medical Examiner 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS within (Yes, na, or unknown) (If yes give war or dates of service) Mary A. Heath, neice, 3231 Elmley Ave. 218-52-1314 File any event within 72 be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH S CAUSED BY: Arteriosclerotic cardiovascular disease PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (o), certificate shauld DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause .5 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 0.5 or removal, CERTIFICATION used 2D. AUTOPSY? 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES X 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. burial, cremation, EXAMINER: CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) 22a. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection | Inquiry and in my opinion Notural causes & Accident . Suicide | Homicide deoth resulted from: Undetermined monner CHIEF MEDICAL EXAMINER Health prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 9-21-68 DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 50 23o. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Baltimore, Md. Bal timore Cemetery Schimunek Funeral Home, Inc. 3331 Brehms Lane 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15ME (5 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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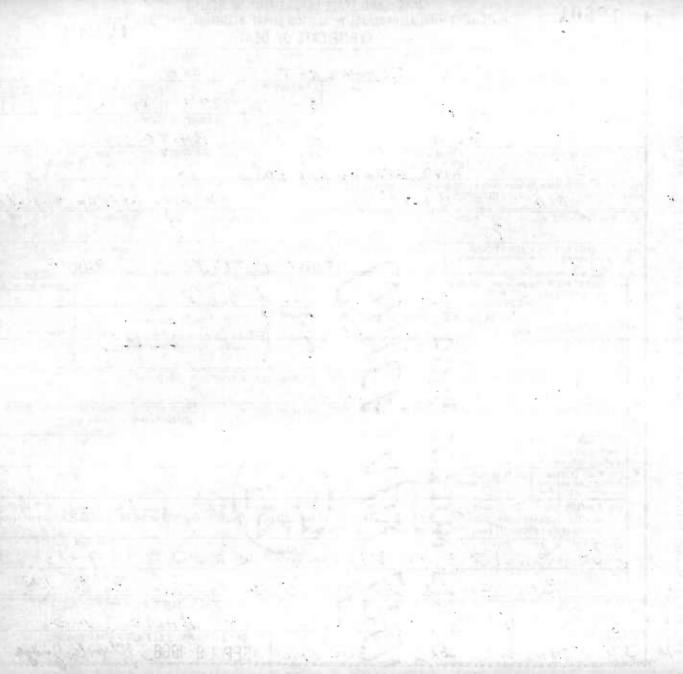
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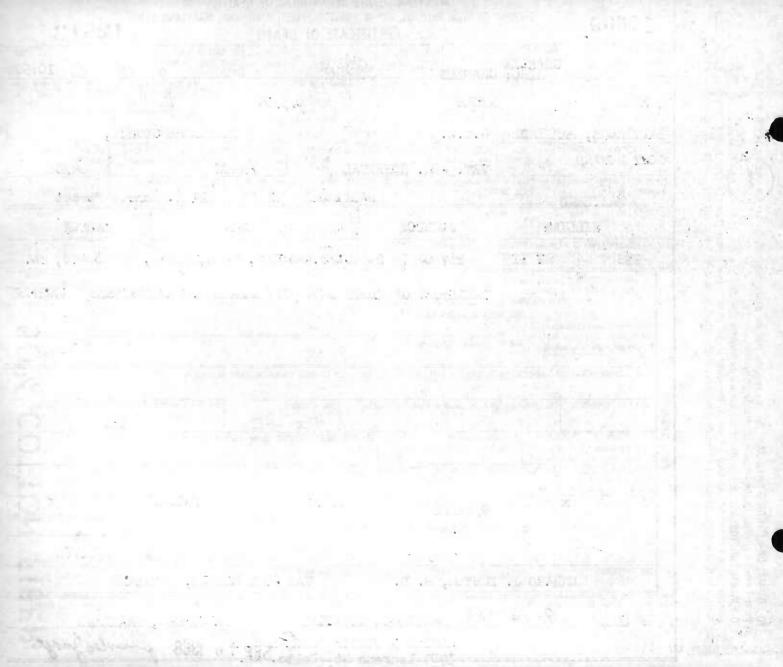
		10601		STATE DEPARTMENT OF		
1		12601 DIVISION		OI W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	4.4
pode by great	It	em#10 Film#G404 9/	23/68 vmp CE	RTIFICATE OF DEATH	120	L.I.
专工艺车		ASED-NAME First e or print)	Middle	Lost	2o. DATE OF DEATH  Month Doy	Yeor 2b. HOUR
de oth		EUGENE	U. JEAI	WNERET	SEPT, 12	1968 M
E TATE	3. SE	4. RACE		S. DATE OF BIRTH	6. AGE (In yeors lost birthdoy) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
PS OF STATE		M	W	1700		
hour in by rs. B	70. B	,1		MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
n 24 ho illed in popers. iin 72 h	10.6		1. NAME OF HOSPITAL OR INSTI	WIDOWED DIVORCED 120 US	BALTO.  UAL OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
		The second secon	give street oddress)	Idurina r	most of working life, even if retired.)	INDUSTRY
wit, w		SUAL RESIDENCE (Where deceosed lived, if in	6942 EERM	3c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
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d co emo	14. F	HER'S NAME First Mid	le Lost	IS. MOTHER'S MAIDEN NAME		Lost
0 -		?				
	16o. Y	AS DECEASED EVER IN U.S. ARMED FORCES? , no, or unknown) (If yes give war ar dates of servi	16b. SOCIAL SECURITY NO		Address	2
de lovo		UNK		EMILY PET	177 H	BOVE APPROXIMATE INTERVAL
anding ph s nit. Then p or removol,		<ol> <li>CAUSE OF DEATH (Enter only one couse   PART  . DEATH WAS CAUSED BY:</li> </ol>	er line for (o), (b), ond (c).)	1. 10.11	0. 0	BETWEEN ONSET AND GEATH
attend permit. ian, or r		IMMEDIATE CAUSE (a)	Conges	line reent for	rilling	
refusions the law requires that the detailed by the attending physician. This certificate has been signed by the attendance for use as the buriol-transit permit Dept. of Health prior to burial, crematian, or		onditions, if ony, which gove )	OR AS A CONSEQUENCE OF	Do To and	li inami	The building
Page 4 moy be retained by the hospitol or attending physician. <b>D FUNERAL DIRECTOR:</b> After this certificate has been signed by the director, page 3 should be detached for use os the buriol-transit should be filed with the State Dept. of Health prior to burial, creman		se to immediate couse (o), (D)	OR AS A CONSEQUENCE OF	cure con	della .	
signed by the attendir buriol-transit permit. burial, crematian, or re		toting the underlying couse DUE TO, ost. 4 2 4 (c)	OK AS A CONSEQUENCE OF			ATEN MAIN
urio		PART 2. OTHER SIGNIFICANT CONDITIONS CON	RIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(0)	
to b	-	Pulmman	Em py	sema		
prior to	CERTIFICATION	90. DATE OF OPERATION 19b. CONDITION FQ	WHICH OPERATION WAS FERF		20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
th of	RTEK			YES NO		
of Health prior to		10. ACCIDENT WAS UNDERLYING 21b. TI ☐ OR CONTRIBUTING ☐ CAUSE OF OFATH HOUR	ME OF INJURY A.M. Month Doy Yeor	21c. HOW INJURY OCCURRED (En	ter noture of injury in Port 1 or Port 2,	Item 18.)
5	MEDICAL	f either, notify medical examiner)	P.M. 19	NEW YORK TOCATION CO	I- Ch. as T	County State
	N	21d. INJURY OCCURRED 21e. PLACE OF INJ	OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. N	lo. City or Town	County Stole
		220 Leartify that (1) (this hasnital)	attended the deceases	1 from 2 2 19	61, to 9-12 19	60, that (I) (we) las
2		saw the deceased alive on	9 11 19	Le X and that in (my) (aur) a	pinian death accurred an the d	ate and haur and fram the
be filed with the		causes stated abave, (I) (we) (	did) (did nat) view the b	ady atter death.		
*		26 SIGNATURE Devices X	Fran M	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	DATE SIGNED
200		2d. PHYSICIAN'S	The state of the	22e. ADDRESS	DIRECTOR OF PHTS.	, , , ,
pe		NAME (Type) BENGE	10 R. LAZ.	ARD 59 Dun	dalkary. Bal	to Med
Should	230.	BURIAL, CREMATION, 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
K		REMOVAL (Specify) 9/16/6	011-1-1	CEM:	BALTO.	MO.
DI	24.	UNERAL DIRECTOR	ADDRESS		P 1 9 1968 25b. REGISTRAR	
68	-	O' CONNELLY	SONS	300 MACE DATSE	P 1 9 1968 galia	



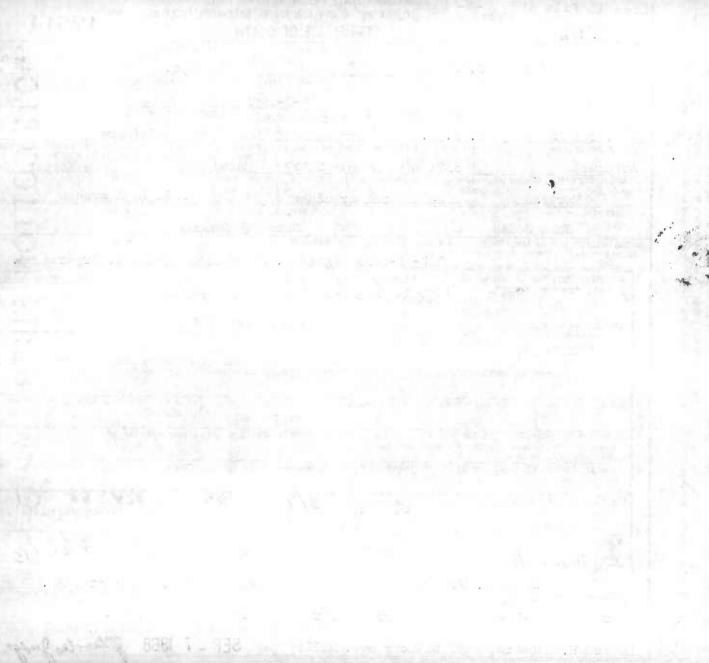
MAKTLAND STATE DEPARTMENT OF HEALTH

ACTOR TAKE bel vimene - Bis-Desamorke loner L.H. | Mrwn . genti . viad. T fine Sent of the voted Trustill militaired adult. PRITE RAID. .. . all a so lot , wall sublished todf . Chiquivant tenority sub vacanne value no word. 86 te ga dani de c 

1	MARYLAND STATE DEPARTMENT OF HEALTH
	12603 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
	CEASED-NAME First Middle Last 2a. DATE OF DEATH  CHARLTE JOHNSON Month Day Year 10:50  ALSO: CHARLES JOHNSON 9 12 68 10:50
3. 5	MALE  NEGRO  S. DATE OF BIRTH  6. AGE (In years lequnder 24 months)  NEGRO  AMONTHS  NEGRO  MONTHS  DAYS HOURS  THUNDER 19EAR IF UNDER 24 months and provided the control of the control o
COL	SIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   SALT IMORE COUNTY,   SALT IMORE COUNTY,
10. F	ITY OR TOWN OF DEATH ORT HOWARD  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) VET. ADM. HOSPITAL  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) INDUSTRY BRICK
3a dn	USUAL RESIDENCE (Where deceased lived, if institution: Residence before ssion) STATE 13b. COUNTY 13c. CITY OR TOWN BALTIMORE YES X NO 211 N. Monroe Street
4.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last DORA MADDOX
160	WAS DECEASED EVER IN U.S. ARMED FORCES? es, neges in the square of deletation of the solution
N.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CARCINOMA OF RIGHT LUNG WITH WIDESPREAD METASTASES UNKNOwn  LOW TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF (c)  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES 1 NO 1 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  YES
MEDICAL CE	21c. ACCIDENT WAS UNDERLYING  □ OK CONTRIBUTING □ CAUSE OF DEATH (If either, notify medical examiner)  21d. INJURY OCCURRED  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.
	22a. I certify that \$10 (this hospital) attended the deceased from 9/14/68, 19, to 9/12/68, 19, that (IF (we) saw the deceased alive an 19, ond that in (my) (ana)copinion death occurred on the date and have and from causes stated obave, (I)c(we) (did) (did) (did) view the body after death.
	22b. SIGNATURE Lard D. Degree ATTENDING   MED. DIRECTOR   STAFF 9/12/68  22d. PHYSICIAN'S   22e. ADDRESS   22e.
	NAME (Type) ERHARD J. BUNYOR, M. D. VAH FORT HOWARD, MARYLAND  BURIAL, CREMATION, REMOVAL (Specify) 9-16-68 BALTIMORE NATIONAL BALTIMORE, MARYLAND  23d. LOCATION (City or Town) (County) (State)  BURIAL BALTIMORE, MARYLAND
24.	FUNERAL DIRECTOR  ADDRESS MORTEN & DYETTE FUNERAL HOME  1968

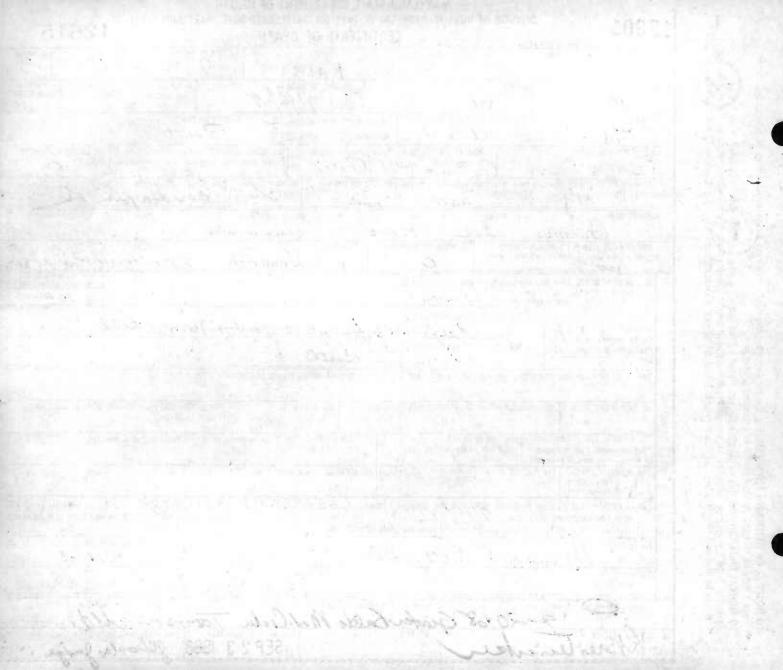


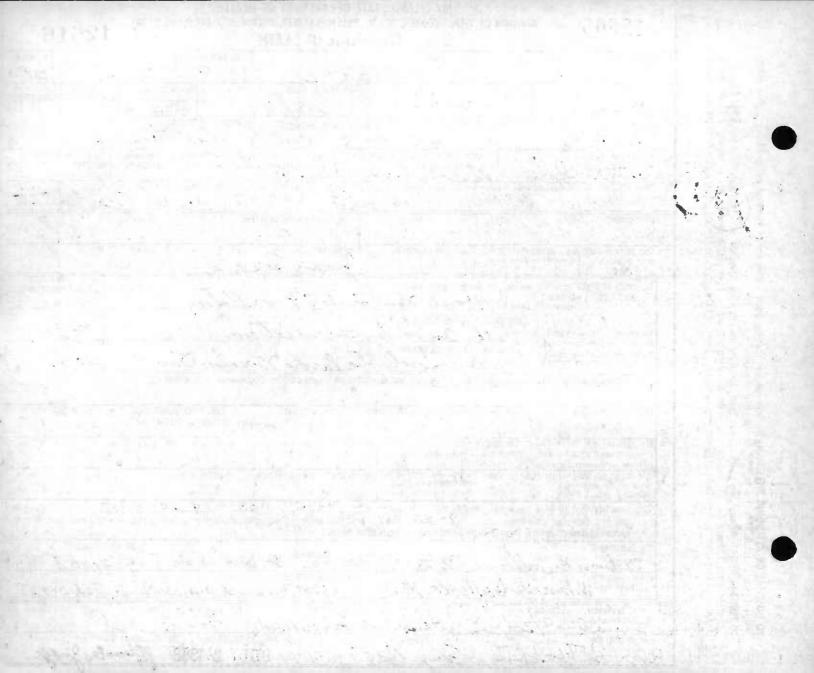
	DEC	1260% EASED-NAME First		Middle	Lost	2o. DATE OF	DEATH		2b. HOUR
	(Ty	pe or print) Hern	nan J. Jon		6031	Sept	Month Doy	y 1968	793 M
3.	SEX		4. RACE		S. DATE OF BIRTH	ОСР	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
		M	W		8-5-1905		63 YRS.	MONTHS DATS	HOURS MIN.
	o. Bl	RTHPLACE (Stote or foreign ry) Virginia	7b. CITIZEN OF WHAT C	HIMAN	ED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF	Baltimore		Md.
L	A	ry or town of DEATH	11. NAME Of give street 552	FHOSPITALOR INSTITUTION oddress) L Link Avenu	e 21227 duri	USUAL OCCUPATION ng most of working fachinist	(Kind of work done life, even if retired.)	12b. KIND OF INDUSTRY  Koppe	BUSINESS OR
		ISUAL RESIDENCE (Where deceos sion) STATE Maryland	13b. COUNTY	7 7 7 1 1 1 1 1 1 1 1	OR TOWN 13d. INSIDI		REET AND NUMBER  521 Link A	venue	
1	4. FA	THER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NA		Middle		Lost
		John Jo		COCIAL CECUDITIVE TO		(Unknown)	611		
1	60. Ye	WAS DECEASED EVER IN U.S. AR/ s, no. or unknown) (If yes give v	var or dates of service)		7. INFORMANT Agnes E. Jor	5501 1	Address	A ==1t=	141 07
		IB. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDI.  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.	D BY: ATE CAUSE (o) DUE TO, OR AS A (c) (c)	CONSEQUENCE OF	Unknown, po			BETWEEN O	YSET AND DEATH
	9	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH O	PERATION WAS PERFORMED	20o. AUTOPSY?		F YES, WERE FINDINGS ( S OF DEATH?	CONSIDERED IN CI	RTIFYING
	TIFICAT				YES				
	CERTIFICA	210. ACCIDENT WAS UNDERLYING CAUSE OF DEA	TH HOUR A.M. M	onth Doy Yeor	. HOW INJURY OCCURRED	(Enter noture of inju	ury in Port 1 or Port 2,	Item 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami 21d. INJURY OCCURRED While Not while of work	TH HOUR A.M. Miner) P.M.  PLACE OF INJURY (AT HOFFIE	onth Doy Yeor 19 DME, FARM, STREET, FACTORY.) 21 E BUILDING, ETC.	f. LOCATION Street or R.F.	(Enter noture of inju	or Town	County	Stote
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA  If either, notify medical exami 21d. INJURY OCCURRED While Not while 10 twork  22a. I certify that  Sow the deceased of	TH HOUR A.M. M. P.M. PLACE OF INJURY (AT HORSE  AIS haspitol) attended	onth Doy Yeor 19 DME, FARM, STREET, FACTORY.) 21 E BUILDING, ETC.	f. LOCATION Street or R.F.	(Enter noture of inju D. No. Gin	or Town  724, 19 accurred on the de	County  County  thou	(I) we) lost
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1	1		ION OF VITAL RECORDS,				12615
- 25.	1. D	Items#2a,6, CEASED-NAME First	per tele. con	Lekillika it jor	the second secon	DATE OF DEATH	2b. HOUR
deot	3. \$	ype ar print) X 4. RA	er.	KAL	B.	9 Manth 16 Day	GSYEOT A M
s affer	3. 3	^ M	W	S. DATE OF E	114/68	6. AGE (In years lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.
4 hours	7a.		ZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	RRIED 9. COU	BALTO	Md.
ed within 24 hours loletely filled in by 1 corbon papers. Pa	1D. (	BALTO	11. NAME OF HOSPITAL OR INS  PRIVE street address)  TR DALTO	ititution (If not in hospital		PATION (Kind of work done rarking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	13a. adm	USUAL RESIDENCE (Where deceased lived, ssion) STATE MA. 13b.		13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? YES NO	13e. STREET AND NUMBER	Q BQ
0 = -/-	14.	ATHER'S NAME First	Middle Last	ALB IS. MOTHER'S N	MAIDEN NAME First	Middle	Lost
skrione splease , ond II		WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (If yes give war or dates of	ES? 16b. SOCIAL SECURITY N		Pari and	Address	ve Rd 2020
certifice ng physi Then pl	F	18. CAUSE OF DEATH (Enter only one co		)	Keng, 1-5	775-701	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne deoth cer offending p permit. The		PART I. DEATH WAS CAUSED BY:	E (0) Chockia E TO, OR AS A CONSEQUENCE OF				10 min .
of the of the or		Canditians, if any, which gave	(b) Resperal	Tory failure	resperation	reflecer pritial	Za .
quires that the death certific physician. signed by the ottending phys burial-transit permit. Then p burial, cremation, or removal,		stating the <u>underlying cause</u>	e TO, OR AS A CONSEQUENCE OF  (c) Presual	use Besth			
ng phy en sign e bur to bur	Z	PART 2. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	AL DISEASE OR CONDITIO	ON GIVEN IN PART 1(o)	
he law re ottending hos been e as the h prior to	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITIO	ON FOR WHICH OPERATION WAS PER	RFORMED 2Do. AUT		2Db. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFYING
YSICIAN: The ospitol or otte certificate hos hed for use a ott. of Health pr	MEDICAL CER		b. TIME OF INJURY OUR A.M. Month Doy Yeor P.M. 19		CCURRED (Enter nature	af injury in Port 1 ar Port 2, I	tem 18.)
PHYSIC he hosp this cert detoched	MED	21d. INJURY OCCURRED 21e. PLACE O While Not while of work			eet ar R.F.D. No.	City ar Tawn	Caunty State
ADING d by t After d be d		22a. I certify that (I) (this hasp saw the deceased alive an causes stated above, (I) (w	4/16/68	9 and that in (n	<i>M 9/K</i> 19 <i>68</i> , my) (aur) apinian d	ta <u>1:35 A+4 9/16,</u> 193 leath accurred an the dat	, that (I) (we) last te and haur and fram the
OR AT OR AT OR Etal		22b. SIGNATURE	Chilly.	DEGREE ATTEND PHYS.	ING MED.	STAFF 22c. C	PATE SIGNED
FITAL moy legan le		22d. PHYSICIAN'S NAME (Type)		22e. AD	DRESS 7215 Yo	RK Rd.	
TO HOSPITAL OR ATTER Poge 4 moy be retaine TO FUNERAL DIRECTOR: director, page 3 should should be filed with th	230	BURIAL CREMATION 23b. DATE REMOVAL (Specify)	2068 Suester	CEMETERY OR CREMATORY	d. Cerles 23d.	LOCATION (City or Town)	(County) (State)
VR A15 (4) 30M REV. 1450	24.	FUNERAL DIRECTOR Tener	ker ADDRESS		250. REC'D BY REGIS	1968 25b. REGISTRAR'S	

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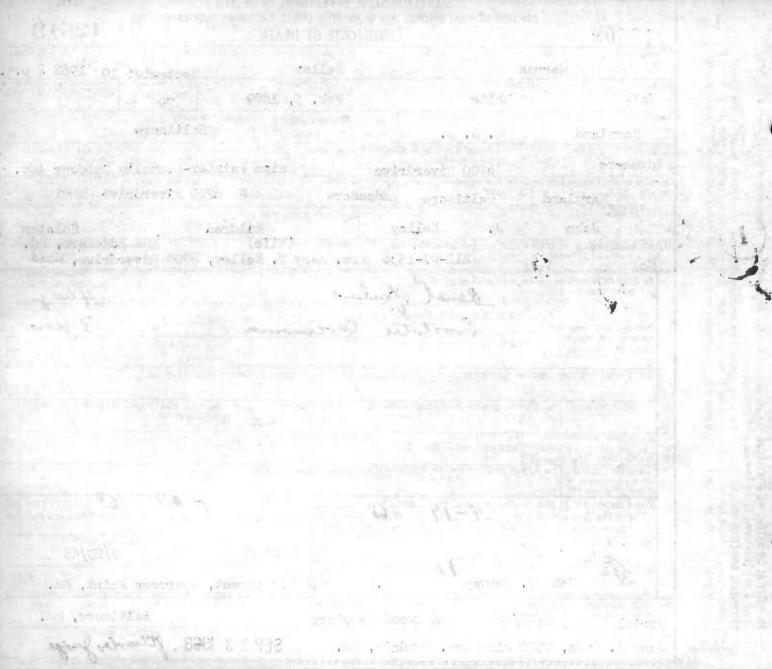
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12608 12618 CERTIFICATE OF DEATH 2g. DATE OF DEATH 1. DECEASED-NAME Middle Last 2b. HOUR and 2 death. within 24 haurs after death funeral (Type or print) SEPTEMBER FREDERICK EDWARD KERME 5:05A M IF UNDER 1 YEAR 4. RACE S DATE OF BIRTH IF LINDER 24 HRS 3. SEX 6. AGE (In years last birthdoy) 7/13/18 MALE WHITTE YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED [ DIVORCED BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done and in any event, within 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR VETERANS ADMIN. HOSPITAL PRINTING FORT HOWARD 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE AND 13b. BALTTMORE YES NO BALTIMORE 213 NANTICOTE ROAD 14. FATHER'S NAME First Last 15. MOTHER'S MAIDEN NAME First Middle Middle and HARRY CLARA CAMPBELL KENNIE 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknawn) burial, crematian, ar remaval, 123 09 59 30 CLINICAL RECORDS, VAH. FT. HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) KLEBSIELLA BRONCHOPNEUMON IA RECENT DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditians, if any, which gave ) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) ENCEPHALOPATHY DUE TO GUN SHOT WOUND HEAD, OLD has been see as the l priar to POST TRAUMATIC 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH YES YES TX NO T 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town State County While Nat while at wark 22a. I certify that (1) (this haspital) attended the deceased from SEPT 4 , 1968 , to SEPT 9 , 1968 , that (we) last saw the deceased alive an 1968 , and that in (was) (our) opinion death occurred an the date and haur and from the FUNERAL DIRECTOR: After irectar, page 3 shauld be d director, page 3 shauld shauld be filed with the causes stoted above, (we) (did) (dicknows view the body after death. 22c. DATE SIGNED 9/9/68 22b. SIGNATURE **ATTENDING** MED. DIRECTOR DEGREE PHYS. PYOSICIAN'S 22e. ADDRESS FORT HOWARD, MARYLAND JOHN D. TALBERT, M. D. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL, CREMATION, (County) BEMOVAL (Specify) BALTIMORE, MARYLAND BALTIMORE NATIONAL 2Sb. REGISTRAR'S SIGNATURE VR A 30M REW /68 S. Conkling St.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12619 CERTIFICATE OF DEATH DECEASED-NAME Lost 20. DATE OF DEATH 2b. HOUR First Middle the funeral ages 1 and 2 rs after death. 24 haurs after death. (Type or print) Warren Kellev 2 p. M. September IF UNDER 1 YEAR 4. RACE S. DATE OF BIRTH 6. ÅGE (In years 3. SEX lost birthdoy) Feb. 5, 1889 Male White 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED country) Maryland Baltimore U. S. A. WIDOWED | DIVORCED [ within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress)
6700 Riverdrive during most of working life, even if retired)
Sign Painter-Donnelly INDUSTRY Edgemere Dutdoor Adv. and in any event, 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 6700 Riverdrive Edgemere YES altimore 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME First Middle Lost Lost John Kelley J. Mildred Holston (Wife) Address Edgemere. Md. 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 212-07-1536 Mrs. Mary T. Kelley, 6700 Riverdrive, Road burial, crematian, or remaval 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BETWEEN ONSET AND DEATH signed by the burial-transit p Conditions, if ony, which gove ) voslutie rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF **0 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES [ NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M directar, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) ottended the deceased from \_\_\_\_\_\_\_, 19\_\_\_\_\_, ta\_\_\_\_\_\_\_, 19\_\_\_\_\_, 19\_\_\_\_\_, that (I) (we) last saw the deceased alive an \_\_\_\_\_\_\_\_, 19\_\_\_\_\_, and that in (my) (aur) apinion death occurred an the date and haur and from the causes stated abave. (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 9/20/68 22b. SIGNATURE DEGREE DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS John V. Conway M.D 914 "D" Street, Sparrows Point, Md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (Stote) REMOVAL (Specify) 9/23/68 Baltimore, Md. 2 Parkwood Cemetery 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR John J. Duda. 7922 Wise Ave. Dundalk. Md.



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		MARYLAND STATE DEPARTMENT OF HEALTH	
	10	12611 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	19694
		CERTIFICATE OF DEATH	LANCKA I
		CEASED-NAME First Middle Last 2a. DATE OF DEATH  ype ar print)	Day Year 2b. HOUR
ı		PENEUICI JOSEPH NEMMEK SEPT	9 1968 11P. N
	3. SI	[ast highday]	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	7	M. 5-/2-24 INSTRUMENT OF THE COUNTRY	S. ·
	caul	WIDOWED DIVORCED Baltimore	
,	10. O	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired to the working life.	
	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c, CITY OR TOWN" 13d, INSIDE CITY LIMITS? 13e, STREFT AND NUMBER	
	adm	SSIATE Md. 136. COUNTY HARRIED BAUTIMORE YES NO 1323 RICHA	ADSON ST.
	14.	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
		JOHN KEMMER ANNA M.	ZIPP?
		WAS DECEASED EVER IN U.S. ARMED FORCES? es, na, at unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  Address	11
		es, no, of unknown) (17 yes give wer or cores or service) 218-14-78/2 Records, Mt. Wilson State	
		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
		PART I. DEATH WAS CAUSED BY: FAR ADVANCED PULMINARY / UBERCULOSIS	LYT.
		011, 2 DUE TO, OR AS A CONSEQUENCE OF	/
	Conditions, if any, which gave (b)		
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		last. (c)	
	30	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	×	0021 CHRONIC HUNGHOLISM	
	S	). CAUCES OF DEATHS	S CONSIDERED IN CERTIFYING
	CERTIFICATION	YES NO [2]	
		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part or Contributing Cause of Ocath Hour A.M. Manth Day Year	2, Item 18.)
	MEDICAL	(If either, natify medical examiner) P.M. 19	
	W	21d. INJURY OCCURRED While At wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. (ity or Town of World at work 21f. LOCATION Street or R.F.D. Na. (ity or Town of World No.)	Caunty State
		22a. I certify that (i) (this hospital) attended the deceased from 1965, ond that in (my) (our) opinion death occurred on the	19.68 , that (I) (we) los
		saw the deceased alive on <u>SEP7 9 1968</u> , ond that in (my) (our) opinion death occurred on the causes stated abave, (I) (we) (did) (did nat) view the body after deoth.	dote ond hour ond from th
			2c. DATE SIGNED
		DEGREE PHYS. DIRECTOR TX STAFF PHYS.	9-4-68
		22d. PHYSICIAN'S 22e. ADDRESS	1-1-0-8
		NAME (Type) William Name and D	nd
	23a	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town)	(Caunty) (State)
		REMOVAL (Specify) 9/13/68 Holy Cross Constery Anna Arus	11 1101
	24.	FUNERAL DIRECTOR 256. REC'D BY REGISTRAR 25b. REGISTRAR 25b. REGISTRAR	
i	C	Jeries La E Fort Avenue DARED 1 3 1968 PCha	nes judge

, vonue E en lois lea Allens Delay Delay by may live with the second of Market Mark Mark Wilson Steffe Markett and the second of the second o SEP L. BER L'Acorde Judge

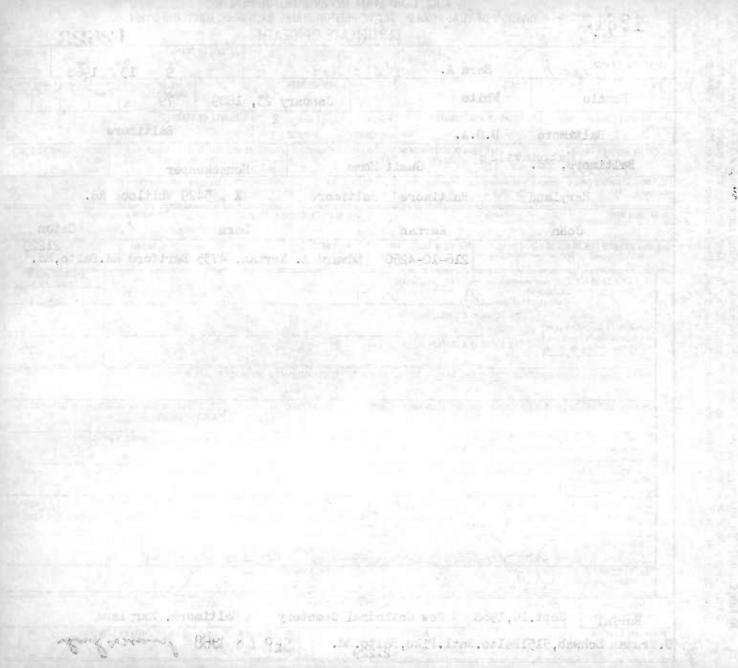
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN TH Doy (Type or Print) LEROY 2, and 3 to PM3. Page KENTON to DEATH MATED partment 4. RACE 3. SEX 6. AGE (In years IF UNDER 24 HRS. S. DATE OF BIRTH 2d. HOUR Negro Male 60 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [ WIDOWED [ Poges Baltimore. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Maryland during most of working life, even if retired) ong 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY TOWSON 14. FATHER'S NAME First Middle Middle haurs .= pages be forworded to the Chief Medical Exominer pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** (Yes, no\_or unknown) (If was give war or dates of service) 0 be executed within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSIQUENCE OF buriol-transit Conditions, if ony, which gove rise to immediate couse (a). should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBULING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) certificate removal 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month Doy, Year 21c. HOW INJURY OCCURRED Enter noture of injury in Part 1 or Part 2, Item 18. 3 should 4 should PRIMARY OR CONTRIBUTING cremotion, CAUSE OF DEATH 21d. INJURY OCCURRED 21e\_PLACE OF INJURY (At home, form, street, 21f. LOCATION Street of R.F.D. No. City or lown County Stote toctory, office/building, etc.) WHILE AT WORK AT WORK burial, 50 220. I certify that I took charge of the remains described above, beld an Autopsy ... Inspection ond in my opinion director. deoth resulted from: Notural causes Accident Suicide Homicide Undetermined monner HIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy NAME (Type) ADDRESS(Street, city, town, or county) O'Donnell 50 BURIAL CREMATION. 23d. LOCATION (City or Lown) 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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1		13613 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 126	23
ond 2 death.		DECEASED-NAME First Middle Lost 20. DATE OF DEATH  (Type or print) Sarah Sara A. Kilnan 9 13 19	Year 2b. HOUR M
P ges J	3. SE	Female  4. RACE  5. DATE OF BIRTH  January 23, 1889  6. AGE (In years lift under Months)  YRS.  Female	DAYS HOURS MIN.
hin 72 hau		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 75. COUNTY OF DEATH Baltimore Baltimore	Md
90	10. 0	CITY OR TOWN OF DEATH  Baltimore, Ma. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.)  Sumit Home  12b. K  Housekeeper	KIND OF BUSINESS OR JSTRY
6veni 03	13a. adm	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before nissian)  STATE  Maryland  13b. COUNTY  Baltimore  13c. CITY OR TOWN  PESIDENCE (Where deceased lived, if institution: Residence before nissian)  STATE  Maryland  13b. COUNTY  Baltimore  13c. CITY OR TOWN  YES  NO  13d. INSIDE CITY LIMITS?  13e. STREET AND NUMBER  5429 Whitlock Rd.	•
1	14. [	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  John Kernan Sara	lost Caton
		a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) (If yes give wor or dotes or	21229 alto,Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A. S. C. V. D.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
,		4/29 DUE TO, OR AS A CONSEQUENCE OF	
burial, crematian, or remaval, and in any		nse ta immediate cause (a), (stating the underlying cause last. (b)  DUE TO, OR AS A CONSEQUENCE OF (c)	
Χ	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
X	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERE CAUSES OF DEATH?	ED IN CERTIFYING
	MEDICAL CERT		
	WED	21d. INJURY OCCURRED While at wark at wark	ly State
			, that (I) (we) las I haur and fram the
		22b. SIGNATURE  DEGREE PHYS.  DEGREE PHYS.  MED.  STAFF PHYS.  22c. DATE SIGNATURE	NED
		22d. PHYSICIAN'S NAME (Type) J. C. Pours 3325 tochuch a	
	23a.	a. BURIAL, CREMATION, REMOVAL (Specify) Sept.16,1968 23c. NAME OF CEMETERY OR CREMATORY Burial 23d. LOCATION (City or Town) (Count Baltimore, Maryland	nty) (State)
120	24	FUNERAL DIRECTOR  Truman Schwab, 5151Balto. Natl. Pike, Balto, Md.  SEP 1 8 1968 256 REGISTRAR'S SIGNATURE SEP 1 8 1968 256 REGISTRAR'S	JRE

MAKILAND STATE DEPAKIMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2o. DATE OF DEATH :185 (Type or print) ROBERT SEPTEMBER" HOWARD KING 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years IF LINDER 24 HRS last birthdoy) HOURS MAY 24, 1923 MALE NEGRO YRS haurs 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 1 NEVER MARRIED country) IRGINIA U.S.A. BALTIMORE WIDOWED [ DIVORCED | please remave carban paper 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR INDUSTRY FORT HOWARD burial, cremation, or remaval, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed YES X 306 EAST LAFAYETTE AVE. 13b. COUNTY NO 14. FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle SAM WILLIAMS requires that the death certificate be MARY KING 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war ar dates of service) Yes, no, or unknown) CLIN. REC., VET. ADM. HOSP., FT. HOWARD, MD. 216 18 0114 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ASPIRATION PNEUMONIA DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF MONTHS Conditions, if ony, which gove ) TRACHEO-ESOPHAGEAL FISTULA burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse CARCINOMA OF ESOPHAGUS MONTHS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) d far use as the af Health priar ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [ 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at wark 22a. I certify that (4) (this haspital) attended the deceased from May 9, 19,68, ta\_Sept. 8, 19,68, that (IX(we) last saw the deceased alive an Sept. 8, 19,68 and that in (XX) (aur) apinian death accurred an the date and hour and from the O FUNERAL DIRECTOR: After directar, page 3 should shauld be filed with the causes stated obave, A) (we) (did) (33 551) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 9 8 68 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) MARZO QUIROS M. D. VET. ADM. HOSP., Ft. Howard, MD. 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY, (County) (State) BUTTE Specify) BAITIMORE NATIONAL CEMETERY BAITIMORE MARYLAND 68 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Marshall Jones 30M REV. 1/68 1735 Harford Rd.

Reltimore Md

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH-DEPT 1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Yeor 2b. HOUR (Type or Print) OF ESTI-DEATH MATED Stanley Arthur Kirk IF UNOER ! YEAR IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. HOUR 39 vi 7-11-1929 Male White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X 9. COUNTY OF DEATH Dr.m Baltimore USA WIDOWED [ DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital ofter deoth 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Office along with Attendant -Service 2004 Thayer Terrace Baltimore 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER lond 2 with 13b Baltimore Balto. YES NO X 2004 Thaver Terrace in Item 1 ofter Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Arthur Kirk Catherine Stedding the Chief Medical Examiner's pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT pencil 16b. SOCIAL SECURITY NO. within (Yes. no, or unknown) Joseph B, Kirk-2005 Thaver Terrace # (A) within be executed 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b); and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), certificate should writing the word any DIJE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .5 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 removal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, NO [ be 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page NOT WHILE AT WORK please execute 22a. I certify that I taak charge of the remains described above, held on Autopsy ... Inquiry a Inspection 2 and in my apinion deoth resulted from: Natural couses Accident Suicide Hamicide Undetermined manner ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER** Health ADDRESS(Street, city, town, or county) NAME (Tvs 50 BURIAL, CREMATION 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9-5-68 Mt.Olive Cemetery Randallstown, Maryland 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR Ellsworth Armacost -4600 Liberty Hghts. Ave VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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1		12616 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12626
+ 1		tem#23d, FilmG405 10/2/68 km CERTIFICATE OF DEATH
de article and a second		ECEASED-NAME First Middle Lost 2a. DATE OF DEATH Month Doy Year 2b. HOUR Month Doy Year
	3. SI	BEORGE 3. RIEID 9 /2/69
Page A		S. DATE OF BIRTH  MAR. 10, 1893  6. AGE (In years   F UNDER 1 YEAR   IF UNDER 24 HRS.    MAR. 10, 1893  73 YRS.
haurs Prour 2 hours		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
filled ir paper.		BA/+ COUNTY US A WIDOWED DIVORCED BA/+ IMORE Md.  OTY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR
executed within 24 haurs and campletely filled in by temove carbon papers. Par only event, within 72 hours	10.	BALTIMORE  Give streepoddress)  3 LIANC AURILLE AURILLE  during most of working life, even if retired.)  Selt-1=npp 1/15/20
campletely ove carbon y event, with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY
cam cam nove yr ev		FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost
and ca	14.	ADAM KILIN MARGARET DIEGERT
physicial physicial physicial		. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, na, ar unknown)  (If yes give war or dates of service)  2/8-32-08-6-6  Address?  Address?
thot the death ce an. by the attending transit permit. The	CERTIFICATION	18. CAUSE OF DEATH (Enter anly ane cause per line far (a) (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave nise to immediate cause (o), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)  19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20a. AUTOPSY?  CAUSES OF DEATH?
A: The or at house hor use saith		YES NO CAGES OF DEATHS  [21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
pital pital diffice af Ho	MEDICAL	Growtributing Cause of Death HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
PHYS he has this ce etache	×	21d. INJURY OCCURRED While Nat while of wark of wark of wark
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires Page 4 may be retained by the haspital or attending physici process. Function of the process of the standard of the standard director, page 3 shauld be detached for use as the burial shauld be filed with the State Dept. at Health priar to burial.		22a. I certify that (I) (this haspital) attended the deceased fram 8 - / 6 , 19 5 + , ta 9 - / 8 , 19 6 8 , that (I) (swe) last saw the deceased alive an 9 - / 6 (19 , and that in (my) (our) apinian death occurred an the date and haur and fram the causes stated abaye, (I) (we) (did) (did not) view the bady after death.  22b. SIGNATURE DEGREE PHYS. DIRECTOR DIRE
SPITAI 4 may IERAL or, pa d be fi		22d. PHYSICIAN'S JUHN C. 1441e MD 22e. ADDRESS Below Del Ballo 31236 Drek
Page 70 FUN Glirech shaul	230	Burial, (REMATION, 23b. DATE / 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (State)  REMOVAL (Specify), 9/21/68 PARK WOOD Cemetery Parkville, Balto., Md.
VR A15 (4) 30M REV. (V) 88 (	24.	FUNERAL DIRECTOR  ASSAHD FUNERAL Jume 7401 Be 141R RD. 250. RECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 2401 Be 140. MA. DATE SEP 2 3 1968 Clarks Quese

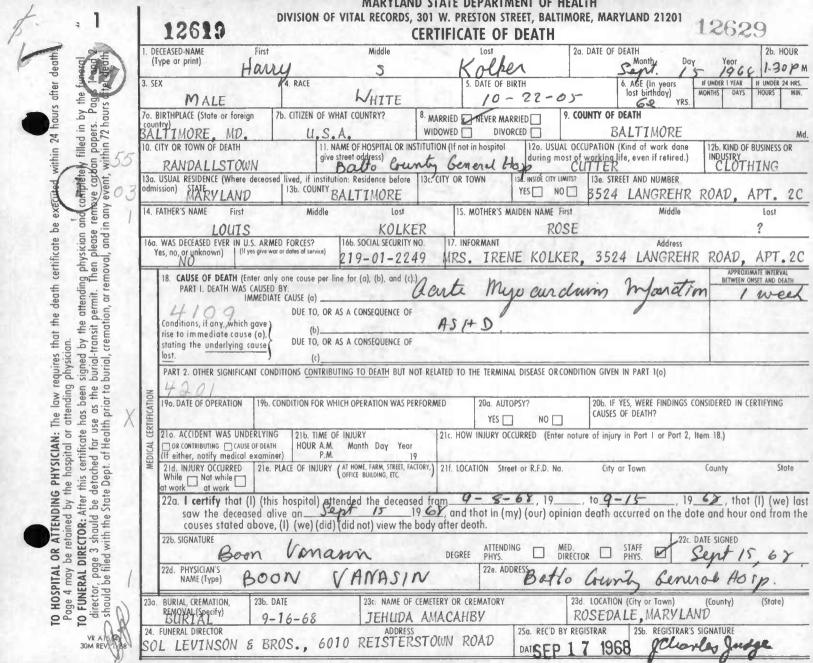
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR haurs after death (Type or print) Month ANNETTE DELPHINE KNIGHT 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS. 6. AGE (In years lost birthoay) FEMALE WHITE HOURS NOVEMBER 17th. 1965 YRS 7o. BIRTHPLACE (Stope or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED BALTIMORE COUNTY Washdnoton De0s WIDOWED [ DIVORCED [ U.S.A. ned 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
NONE OWINGS MILLS INDUSTRY ROSEWOOD STATE HOSPITAL NONE please remave carbo event. 13o. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN the attending physician and camplet sit permit. Then please remave car 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER certificate be executed odmission) STATEMaryland 136. COUNTMONTgomery Rockville YES NO SE 13719 Marianna Drive ar remaval, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle Lost GEORGE KNTGHT Lee 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Kocker Yes, no or unknown) (If yes give war or dates of service) none 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEATH requires that the death PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) crematian, DUE TO. OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) attending priar ta has been as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF DEATH? YES 🗌 use 4 may be retained by the haspital ar certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year be detached for (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work of work O FUNERAL DIRECTOR: After 8/21 220. I certify that (1) (this hospital) ottended the deceased from . 19 67 to 68 1964, and that in tox) (our) opinion death occurred on the date and hour and from the sow the deceosed olive on\_ couses stoted above, by (we) (did) (stick part) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR director, page 3 should be filed v DEGREE PHYS 22e. ADDRESS PHYSICIAN'S NAME (Type) Rosewood State Hosp., Owings Mills, Md. 230. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 9-6-1968 Suitland Marylano FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 1968

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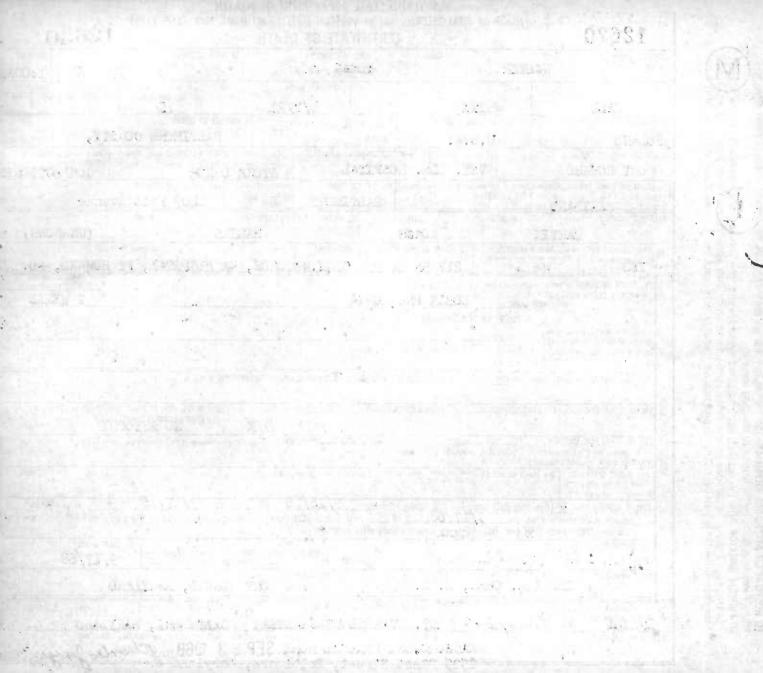
A SOCIAL TOTALS IN TO US TO A PARTIES IN THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY delay is and 3 to Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 outside corporote limits vrite RURAL and give nearest town) and 2, and ... P.M3. write RURAL and give nearest town -Dalt Inore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ROUTEI e IS RESIDENCE 208 ON A FARM? form Greater Baltimore Medical Center YES NO Give Pages NAME OF First DATE lost Doy Year DECEASED OF 9 19 68 Albert Koerber 15 George DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED ntthdoy) Months Hours Vem 18. death. Male Cau WIDOWED DIVORCED hours 10a USUAL OCCUPATION (Give kind of work done OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life weren if retired) 72 hours after 60 lesides h pending" in pencil in of Medical Examiner's pencil 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME executed within 16. SOCIAL SECURITY NO INFORMANT 15. WAS DECEASED EVER INFO.S ARMED FORCE S? (Yes, no orunknown) (If yes give wor or dotes of service) within INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (o) ward certificate shauld DUF TO any Conditions, if ony, which gove Fracture right humerus (b) writing the rise to immediate couse (o). E DUE TO stoting the underlying couse pup OS last. remaval, WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Arteriosclerotic cardiovascular disease NO the certificate, pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OL PRIMARY OF CONTRIBUTING shauld CAUSE OF DEATH Fe11 crematian, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Yaur DIRECTOR: Page 9/14 19 68 ot work Home please execute of work 21. I certify that I took charge of the remains described above held on Autopsy [X] Inspection Inquiry , ond in my opinion for funeral directar. Notural couses deoth resulted from: Accident 4 Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. /DATE SIGNED prior t ASSISTANT MEDICAL EXAMINER SIGNATURE FUNERAL DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles O'Donnell, M.D. Health Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of BURIAL, CREMATION (County 50 250. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 2Sb. VR A15ME (5)

3. THE STATE OF THE the Expectation of the American F Harrist Harrist Control of the State of the Manual Commence of the State of



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DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Day 2b. HOUR Year (Type or Print) OF ESTI-WALTER KRAFT H. 1968 DEATH MATED 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR Day 20-1968 Male White 8-19-1920 48 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH country) DIVORCED [ WIDOWED Baltimore Mary land U.S.A. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) 2959 during most of working life, even if retired.) INDUSTRY Lansdowne Freeway 8. Give 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Maryland Baltimore Lansdowne 2959 Freeway YES NO lond 2 the Chief Medical Examiner's Office ofter pencil in Item 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First H. Kraft Helen E. Kraft George 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (If yes give war or dales of service) 219-03-4082 Mrs. Katherine Kraft, 2959 Freeway APPROXIMATE INTERVAL within be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEENLONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gove rise to immediate couse (o), certificate should the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 forwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) removal, nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [ NO | 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge NOT WHILE 220. I certify that I took charge of the remains described above, held an Autopsy , Inspection Inquiry , and in my opinion deoth resulted from: Natural causes Accident Suicide Homicide | Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 225. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Nelson McKay, M.D DEPUTY MEDICAL EXAMINER 5 moy ro FUNE Heolth NAME (Type) 6014 Edmondson Ave., 21228 ADDRESS(Street, city, town, or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 9-24-1968 Baltimore National Cem. Baltimore, Maryland 24 FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 10M REV, 1/68 Howard H. Hubbard, 4107 Wilkens Ave.

MAKYLAND STATE DEPAKTMENT OF HEALTH

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	12622	DIVISION OF VITAL RECORDS	CERTIFICATE OF D	ET, BALTIMORE, MARYLAND 21201 EATH	12632
	OECEASED-NAME (Type ar print) MAI	irst Middle	KRICE	2a. DATE OF DEATH  Month/8	Day 68 Year 24
3. 9	JEX /-	4. RACE	5. DATE OF BIRTH	0-10/12   lost birthdoy)	RS. IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
7o.	BIRTHPLACE (State or foreign intry) BAITO, Md	7b. CITIZEN OF WHAT COUNTRY?  U. SA	8. MARRIEDL NEVER MARRIE WIDOWED DIVORCE		N
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I give street address) RIDGEWAY	NSTITUTION (If not in hospital  MANOR CONV.	12a. USUAL OCCUPATION (Kind of work do during most of working life, even if retired	ne 12b. KIND OF BUSINESS OR INDUSTRY
	USUAL RESIDENCE (Where de nission) STATE Md	ceased lived, if institution. Residence before	13c. CITY OR TOWN 13d.	INSIDE CITY LIMITS? 13e. STREET AND NUMBER	bard Street
L	FATHER'S NAME First George		15. MOTHER'S MAIDE		Mader
16	a. WAS DECEASED EVER IN U.S. Yes, na, ar unknawn) (If yes	ARMED FORCES? give war or dates of service)	YNO. 17. INFORMANT	las Records Address	
	PART I. DEATH WAS CA  43/9  Conditions, if any, which go rise to immediate couse ( stating the underlying car last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE O	al hemo	ISEASE OR CONDITION GIVEN IN PART 1(0)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  The second of the second o
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS F	PERFORMED 20a. AUTOPSY YES	20b. IF YES, WERE FINDING CAUSES OF DEATH?	GS CONSIDERED IN CERTIFYING
MEDICAL CER		FDEATH HOUR A.M. Manth Day Yea	21c. HOW INJURY OCCUR	RED (Enter nature of injury in Part 1 or Part	2, Item 18.)
W	While Not while at work	21e. PLACE OF INJURY ( AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.			Caunty State
	22a. I certify that (I) saw the decease causes stoted ab	(this haspital) attended the decea d alive on 17 Augustian ove, (I) (we) (did) (did not) view the	sed fram 1 Jac. 19 67 and that in (my) e bady after death.	(our) opinian death occurred on the	19 <u>37</u> , that (I) (we) to date and hour and from th
	22b. SIGNATURE Villa	Wooding,	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	18 Cery 60
	22d. PHYSICIAN'S NAME (Type)	-LIAM GOODMA	m, M1) 22e. ADDRES	* SULPHIR PARING	, A.
	BURIAL (Specify)	9/20/68 BAITO		ey BAITCE	(Caunty) (Stote)
24	FUNERAL DIRECTOR Some Mac	Il 301 Freder	Sek Rd 25		AR'S SIGNATURE

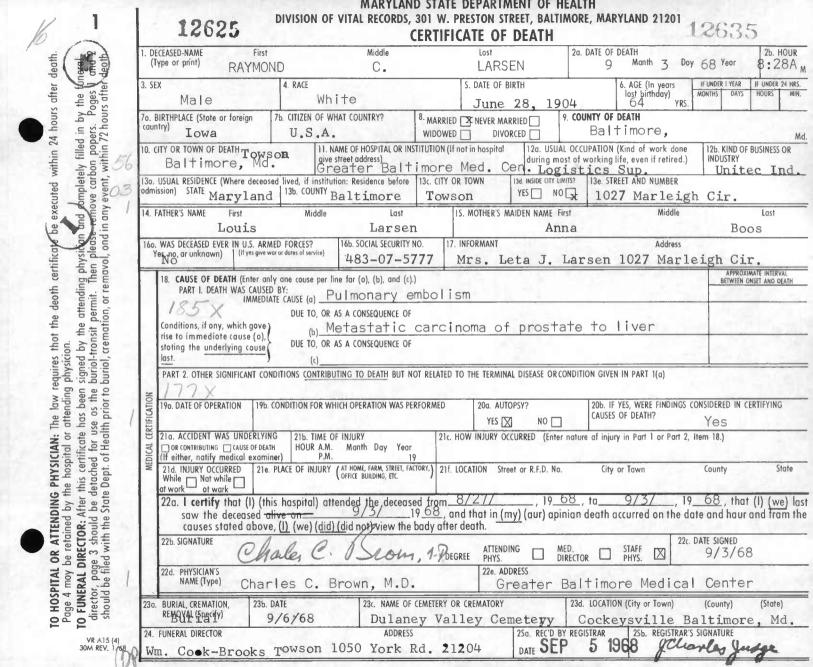
MAKILAND STATE DEPARTMENT OF HEALTH

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Item#8 Film#G404 9/23/68 vmp 1. DECEASED-NAME First Middle Inst 2a. DATE OF DEATH 2b. HOUR and 2 death. 24 havrs after death (Type ar print) Adolph R. Krupske 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3. SFX 6. AGE (In years Male last birthday) MONTHS DAYS White 6-23-92 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stots or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED N country) USA Baltimore, WIDOWED [ DIVORCED [ filled within 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH Randallstown 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street pedress CO Gen Hosp during most of working life, even if retired.)
Stone and Brick Mason Masonery Bus. remove carban crematian, ar remaval, and in any event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER uted odmission) STATE MG. 13b. COUNTY Baltimore Randallstoun NO 3 Marriottsville 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle lost requires that the death certificate be Edward Krupske Augusta Hopp Address Randallstown 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, never unknown) 333-05-6251A Mrs. Clare K. Tomm Marriottsville Rd. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gave rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) as been as the priar to 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 20a. AUTOPSY? has CAUSES OF DEATH? YES NO 🗔 ed far use af Health FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark at wark 220. I certify that (1) (this haspital) ottended the deceased from 4-13, 19-68, to 4-13, 19-68, that (1) (we) last saw the deceased olive an 4-13 from 19-68, and that in (my) (aur) opinion death accurred an the date and hour and fram the directar, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) ANGE LITH 23c. NAME OF CEMETERY OR CREMATORY Concordia Cem. 23d. LOCATION (City or Tawn) (State) 23o. BURIAL, CREMATION, 23b. DATE (County) Sept. 17,68 Cook Co. Ill. REMOVAL Spectry) Chicago 2 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Loring Byers 8728 Liberty Rd. Randallstown villances 30M REV. 1/68

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1			DIVISION OF VITAL RECORDS, 3	STATE DEPARTMENT OF		
		12624	C	ERTIFICATE OF DEATH		12634
te funeral ges 1 and 2 after death.		CEASED-NAME First Ype or print)	Middle	Lost		Year Zb. HOUR
illed it. The funeral papers. Pages 1 and hin 72 hours after death	3. SE	JOH)	N FRANCIS	S. DATE OF BIRTH	SEPT 20 6. AGE (In yeors	1968 7:50 M
		MALE	WHITE	MAY 29, 19	last birthdoy)	MONTHS DAYS HOURS MIN.
	caur	BIRTHPLACE (Stote or foreign		8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH BALTIMORE	Md.
58	10. 0	TOWSON	11. NAME OF HOSPITAL OR INST give street oddress) ST JOSEPH S	during	SUAL OCCUPATION (Kind of work dane most of working life, even if retired.) POFFICE EMPLOYEE	INDUSTRY
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al, and	16a. Y	WAS DECEASED EVER IN U.S. ARA es, no or unknown) (If yes pro-	AED FORCES?  Vol di Botes pt service)  16b. SOCIAL SECURITY NO  215-22-1	11 - 1 1 / 1	1 Larkin Address	me
		PART I. DEATH WAS CAUSE	ly ane cause per line for (a), (b), and (c).) D BY: ATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
burial, cremation, ar removal, and in any grent,		Conditions, if ony, which gove rise ta immediate cause (a), stoting the underlying couse lost.				
	-	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE C	DR CONDITION GIVEN IN PART 1(a)	
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Í	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (If either, notify medical exami	TH HOUR A.M. Month Doy Yeor		nter nature of injury in Part 1 or Port 2	2, Item 18.)
	ME		PLACE OF INJURY ( AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County Stote
- X		22a. I certify that (I) (th	is haspital) attended the decease live an <u>SEPT 20</u> 19 e, (I) (we) (did) (did nat) view the b	68 and that in (my) (aur) o	268 , taSEPT 20 , I apinian death accurred an the c	9 <u>68</u> , that (I) (we) last date and haur and fram the
		22b. SIGNATURE	1 felición	DEGREE PHYS.		c. DATE SIGNED 9-21-68
3 /		22d. PHYSICIAN'S NAME (Type) Christ	ina Feliciano, M.D.	22e. ADDRESS 7520 Y		MD. 21204
Sugging the willing will like	1	REMOVAL (Specify)	124/68 Parku		23d. LOCATION (City or Town) Baltimore,	Maryland (State)
A15 (A)	0.4	FUNERAL DIRECTOR	k Inc Baltimore	250. RECT	D BY REGISTRAR 25b. REGISTRAR	2'S SIGNATURE

12.00 Kines abunca March Contact the second Direction Following and a first first than the first f CARLON SERVICE 



FOR STATE	12626 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2636
HEALTH DEPT.		ay Yeor 2b. HOUR
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m m Department	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years lost birthday) 6. AGE (in years lost birthday) AVS HOURS MIN MONTHS DAYS HOURS MIN MONTHS DAYS HOURS MIN DAYS HOURS MIN DAYS HOURS MIN DAYS HOURS MIN DAYS MIN DA	2d. HOUR
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D = 3 - E	76. BIRTHPLACE (State or foreign   76. CITIZEN-OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OR DEATH   WIDOWED   Baltimore,	
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The Part of the A	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
urs de sir 22	Peter J Streb Mary A  16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	Seccombe
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d wit in pe Exan File in 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. Fevent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UD /UV2/ Hema /oma	13 2040
exe endi i Me it pe	DUE TO, OR AS A CONSEQUENCE OF	
d "p d "p Chief	Conditions, if any, which gave rise to immediate cause (a), (b)	
should be en ward "pel or the Chief burial-transit	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate sho g the w ed ta th	(c)	
This certificate should be executed withing cate, writing the ward "pending" in pencil se farwarded to the Chief Medical Examine be used as a burial-transit permit. File pager remayal, and in any event within 72 hour	9000	
This certific icate, writin be farward do be used a ar remaval,	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
of per prince of	12 Septemb468 WAS PERFORMED? SUB Dural Hematoms	2 YES NO
## P P	210. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH 210. PLACE OF INJURY Month, Day, Yeor HOUR A.M. September 68 216. INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item HOUR A.M. September 68 216. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 216. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 216. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 216. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 217. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 218. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 219. INJURY OCCURRED 121e. PLACE OF INJURY (At home form, street) 210. INJURY OCCURRED 121e. PLACE OF INJURY (AT home form).	18.)
MINER: the certif 4 shauld ur files. e 3 shault emation,	CAUSE OF DEATH  CAUSE OF DEATH  2 1d. INJURY OCCURRED  2 1e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the certifoge 4 shauld vour files. Expage 3 shauld cremation,	WHILE AT WORK	120 1 BIDGY
CAL EXA execute sar. Page d for you intial, cre	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apinian
ICAL For each for ed for CTOR:	death resulted fram; Natural causes Accident Suicide Hamicide Undetermined manner	]
please il directo retained L DIRECTO iar to b	CHIEF MEDICAL EXAMINER	
JIY DIC.	SIGNATURE CONTROL OF THE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATESIG	NED
o DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county)	2/68
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr		ounty) (Stote)
	REMOVAL (Specify)  Burial 9/28/68 Moreland Memorial Park Baltimore, Maryla	,,
^ -	24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE
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MAKYLAND STATE DEPARTMENT OF HEALTH

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		4.0.000 DIVISION	MARYLAND SIA	IE DEPARIMENT OF	HEALIH	AND 01001	4.00	
		12628 DIVISION	OF VITAL RECORDS, 301 W.	PRESION STREET, BALTI	IMORE, MARYL	AND 21201	12638	
ATE				ER'S CERTIFICATE	OF DEATH			
EPT.	1. D	ECEASED-NAME - First Type or Print)	Middle	Leitschah,	Jr.	20. DATE KNOWN Manth	Day Year 2b. H	
	'	ALBERT	JOSEPH	LEGISCHUHTZX		OF ESTI- DEATH MATED X 9	17 1968 7:	1/
	3. S	EX 4. RACE	I state of bitter	GE (In years   IF UNDER 1 YEAR   MONTHS   DAYS	IF UNDER 24 HRS. HOURS I MIN.	2c. DATE PRONOUNCED DEAD	2d. H	OUR
	]	Male White	8-6-48	20 YRS.	nuoks min.	Month September	17 Year 19 68 7:	1
			b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MAR	RIED 4. COU	NTY OF DEATH		
E	conn	ind.	11 9	WIDOWED DIVO	RCED 🔲	Balto.		M
	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If not in haspital	12a. USUAL OC	CUPATION (Kind of work done	12b. KIND OF BUSINESS O	R
0		Loch Raven	give street address) Loch Raven R	es. area	during mast at	f warking life, even if retired.)	INDUSTRY	
			ed lived, if institution: Residence before	re 13c. CITY OR TOWN 13d	I. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
5	0	dmission) STATE · Md	13b. COUNTBaltimore	Towson	YES NO	939 Ellendale	Dr.	
1	14. F	ATHER'S NAME First	Middle Leits	huh 15. MOTHER'S MAIC	DEN NAME First	Middle	Last	
		Albert	J. Lexitox		Math	erine Bat	eman	
	16a.	WAS DECEASED EVER IN WARMED F	ORCES? 16b. SOCIAL SECURITY			ADDRESS		
	(1	(es, no, ar unknawn) (If yes give to Yes	war ar dates of service) 215-54-	4717 11. 9	Norm	Records		
		18. CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), and (			riocoras	APPROXIMATE INTERVAL BETWEEN ONSET AND GEA	7).1
			BY: TE CAUSE (a) Gunsho		heart		BETWEEN ONSET AND OFF	n
,		9229	DUE TO, OR AS A CONSEQUENCE		11000			
		Canditians, if any, which gave	(b)	in the first street				
		rise to immediate cause (a), stating the underlying cause (	DUE TO, OR AS A CONSEQUENCE	OF .				
	1	lost.	(4)					
B		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DI	ISEASE OR CONDITIO	N GIVEN IN PART 1(a)		
ł	->	9199						
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR				20. AUTOPSY?	
1	TIFIC		WAS PERFORME	D?			YES NO	X
		21a. EXTERNAL CAUSE WAS	21b. TIME OF INJURY Manth, Day, Y	ear 21c. HOW INJURY OCC	CURRED (Enter natu	re of injury in Part 1 or Part 2, I		
j	MEDICAL	PRIMARY TO OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. 9 ? 19			tally shot		
ĺ	MEL	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (At hame, farm, street			City or Town	County Sto	ite
j		WHILE NOT WHILE AT WORK AT WORK	tary, affice building, etc.)	Loch Rave	en area	Loch Raven	Balto. Md.	
ı			aak charge af the remains descri					
			Natural causes , Accide			Undetermined manner	post r	1101
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ĺ		ACTUAL R	2 PUVIS		F MEDICAL EXAMINI STANT MEDICAL EXA		SIGNED	
		SIGNATURE	, , , , ,		JTY MEDICAL EXAMI	NED 0/1	.8/68	
		EXAMINER'S NAME (Type) Edward	F. Wilson, M.D.		RESS(Street, city, to		.0/ 00	
i	230	BURIAL, CREMATION, 23b.	DATE 230 NAME O			LOCATION (City or Town)	(County) (State)	-
	200	REMOVAL (Specify) 9	DATE 23c. NAME C	er cemetery or crematory aney valley	230.		wson Md	
	24.	ELINEPAL DIPECTOR HOTY	V Witzke ADD	2230	2So. REC'D BY REC	GISTRAR _ 2Sb REGISTRAR'S		
	H	loward co. Fu	neral Home Ell	igett oity	DASEP 2 0	1968 25b perstrar's	to Judge	
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		12629	•	DIVISION OF	VITAL RECORDS	ND STATE , 301 W. P CERTIFIC	RESTON ST	REET, BALT	IMORE, MA		201	126	
		(EASED-NAME pe ar print)	First		Middle C.		lost e tmate		2a. DATE O	F DEATH Manth	Day	Year	2b. HOUR a
ŀ	3. SEX	,	Anna	4. RACE	u.		S. DATE OF E			6. AGE (In ye	ors I	1968	8:30M
	3. 3E	Female			Jhite		8/10			lost birthdo		MONTHS DAYS	HOURS MIN
	7a. B	RTHPLACE (State or	fareign 7	7b. CITIZEN OF W		8. MARRIED WIDOWED	NEVER MA	ARRIED 🔀	9. COUNTY OF				Md.
	10. C	TY OR TOWN OF DE	ATH	d lived if institut	AME OF HOSPITAL OR I street address)AUG 311 Campf ian: Residence befar	NSTITUTION (IF ISDUTO	Home Home Load	during m	eamstri	N (Kind of work g life, even if re BSS TREET AND NUM	etired.)	12b. KIND OF B INDUSTRY Retai	USINESS OR  1 Stor
	odmi		Md	13b. COUNTY	Total Residence Serial	Balti	more		0 81	9 Wedge	SM00	d Road	21229
	14. F	ATHER'S NAME	First J.	Middle Freder:	lck Letn		S. MOTHER'S A	MAIDEN NAME	First Elizab		iddle	Ger	Last Cwig
	160. Y		(If yes give war ATH (Enter only WAS CAUSED	r or dates of service)  y one couse per li	16b. SOCIAL SECURIT 220-12-5 ine for (a), (b), and	733-A	Anit:	a W. S	Dese		dress	Mgr. AL	ADMONI SET AND DEATH
2	CERTIFICATION	Canditions, if any, rise to immediate stoting the underlost.  PART 2. OTHER SIG	vause (a), ( lying cause)	(c)	AS A CONSEQUENCE CONTINUE TO DEATH BUT LENGTH OF LICH OPERATION WAS	NOT RELATED T	O THE TERMIN	TOPSY?	leson 20b.	~ ' '		INSIDERED IN CEI	RTIFYING
/	MEDICAL CER	21a. ACCIDENT WA OR CONTRIBUTING [ (If either, natify m					IOW INJURY O	CCURRED (Ent	er nature af inj	ury in Port 1 ar	Port 2, It	rem 18.)	
	MEE	21d. INJURY OCCUI While Nat whi ot wark at wor	RRED 21e. F	PLACE OF INJURY	( AT HDME, FARM, STREET, OFFICE BUILDING, ETC.		OCATION Str	eet or R.F.D. N	o. Cit	y ar Tawn		Caunty	Stote
		22o. I certify to sow the couses sto	leceased ali	ive on 6 16	ended the deced 7 (d <del>id not</del> ) view th	_19 68, dr	nd thot in (a		65, to 6 pinion deoth	occurred on	the dot	thot e ond hour o	(1) (we) lost
		22b. SIGNATURE  Each  22d. PHYSICIAN'S	l L.	Cham	bers	m-DDEG	11113.		MED. DIRECTOR	STAFF PHYS.	] 22c. D	ATE SIGNED	168
		NAME (Type)	Ear/	5- C1	dam ber	OF CHMEYERY OF	22e. Al		Loberty 100 M	IGN (City of Por	en water	(Church)	(State)
1		EMOVAYS CITY	23b. D	Tept6	68 X	Ta	ula		BY REGISTRAR	cole	ler	SIGNATURE	red
2	24.	FUNERAL DIRECTOR	eluc	Tun	lado /	Hay	KK	DASEP	10 19	40.000	liarl	as Judy	L.

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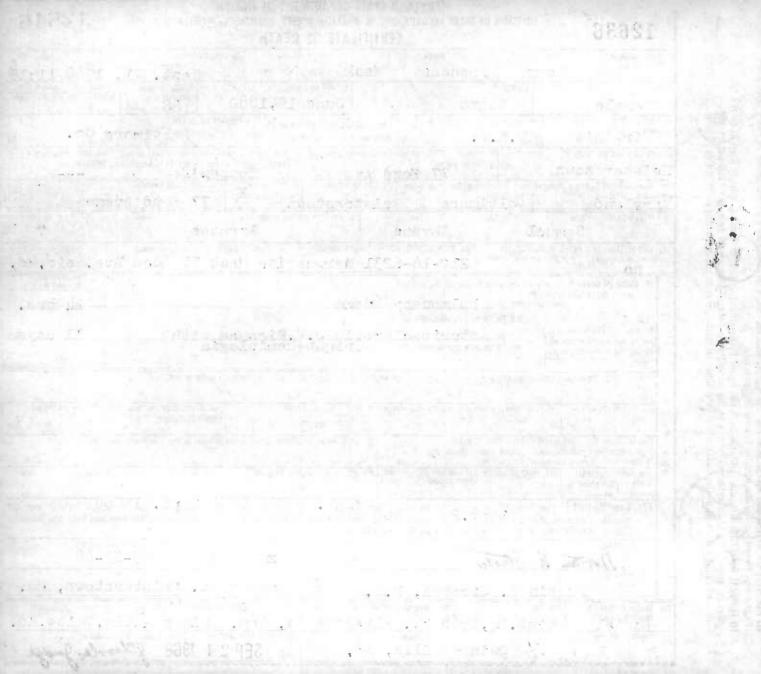
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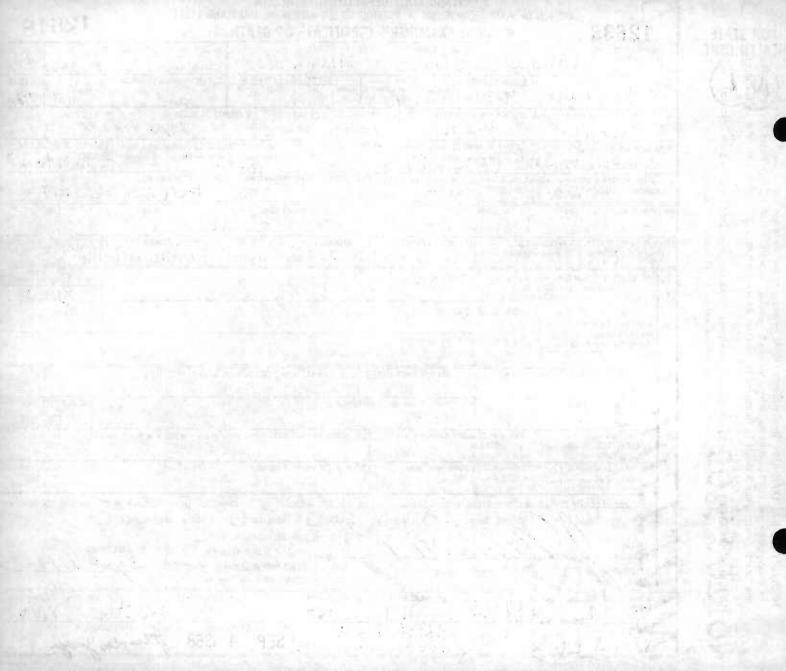
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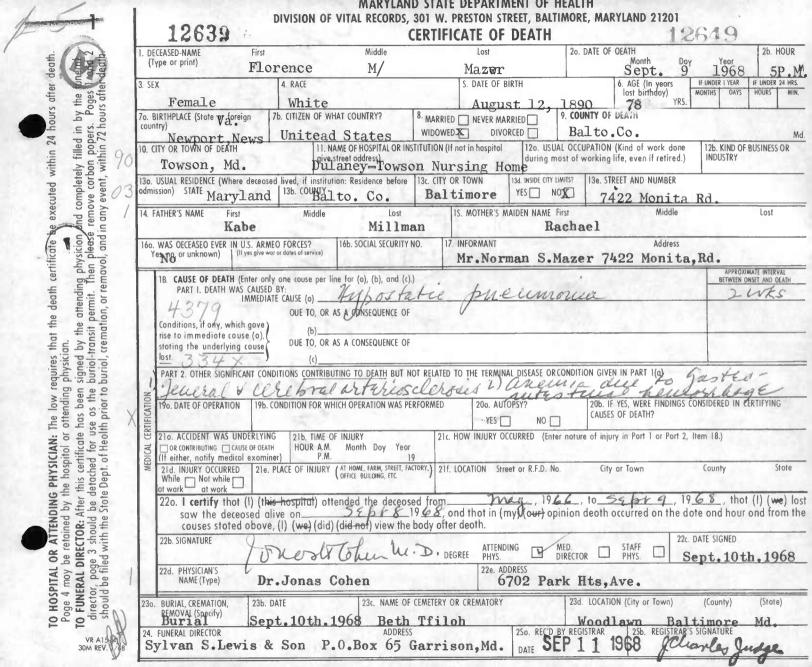


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		DIVISION OF VITAL RECORDS, 301 W. PRESION STREET, BALTIMORE, MARTLAND 21201	100000
		12638 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12648
	1. D	ype or Print) William Francis Mannel DEATH MATED   Sept	Day Yeor 2b. HOUR 1968 7: A.A.
	3-51	Make White 7-21-1895 To yrs. MONTHS DAYS HOURS MIN. Months Day 1	Year 19 68 7:4.N
ğ	7a. I	sacto, juce.	RE, M
5		Randalls town Me grostreet oddress Co. FENERAL during most of working life, even if retired.)	12b. KIND OF BUSINESS OR COUNDUSTRY Wongan Millwork
03	0	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. STATE 13c. S	: Clatre
		ATHER'S NAME First Middle Mannel 1s. MOTHER'S MAIDEN NAME First Middle	> Lost
Ġ	16a. (Y	NAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  215-03-1687 Www.W= I. Mannel-goog Mancella	
	=1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), end (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	200	IMMEDIATE CAUSE (a) Colored Colored Colored	tyres
4		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove )	0
		rise to immediate couse (a), (b)	
		lost. DUE 10, OK AS A CONSEQUENCE OF	
	4	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
	NC	4201	
V	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
1	ERTIF	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite	YES NO
	MEDICAL C	PRIMARY OR CONTRIBUTING PAIN 19  HOUR A.M. 19  P.M. 19	110.)
	MED	21d. INJURY OCCURRED   21e. PLACE OF INJURY (At hame, farm, street,   21f. LOCATION Street at R.F.D. No. City at Tawn	County State
		WHILE NOT WHILE of foctory, affice building, etc.)  AT WORK AT WORK	
		22a. I certify that I taak charge af the remains described abave, held an Autapsy, Inspection, Inquiry	and in my apinia
		death resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner [	
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	CALED
	4	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L.	L 1.1968
2		NAME (Type)  ADDRESS(Street, city, town, ar county)	7 11 1 108
	23a	BURIAL OR MATION, 23b. DATE 1 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Caunty) (State)
2	24		run Ma
201	24.	SFP 4 1968 Cliente	
X		Kantall's Town, My 21133 June	

MARYLAND STATE DEPARTMENT OF HEALTH





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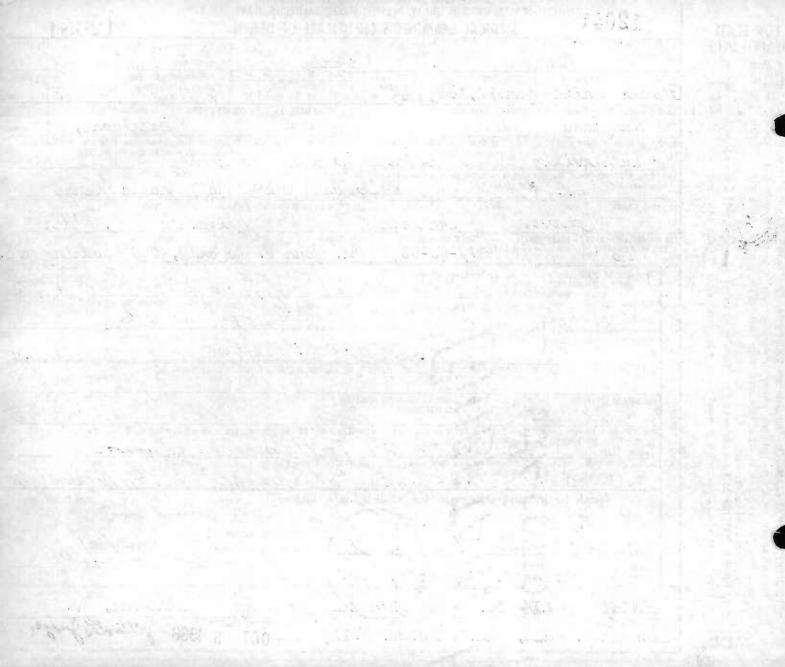
	12640		ERTIFICATE OF DEAT		12650
1.	DECEASED-NAME First (Type or print)	Middle	Lost	2d. DATE OF DEATH	Yeor 26. HOUR
	VERN		MC CALL	1	Y 68° 9:20A M
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years loss binhdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	MALE	NEGRO	4/6/20	- T T T T T T T T T T T T T T T T T T T	
70	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	37
L	MARYIAND	U.S.A.	WIDOWED DIVORCED	BALTIMORE COUNT	7
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital   120.	USUAL OCCUPATION (Kind of work done na most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	FORT HOWARD			ng most of working life, even if retired.)	GROCERY STOR
od	o. USUAL RESIDENCE (Where deceose mission) STATE  MARYTAND	d liyed, if institution: Residence before // 3b. COUNTY		NO 13e. STREET AND NUMBER 1939 W. LAF	AYETTE AVENUE
14	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NA		Lost
	BENJAMI			ERTHA	OLIVER
16	o. WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b. SOCIAL SECURITY I		Address	
	Yes, no, or unknown) (If yes give wo	rordates of service) 220 09 60	12 CLIN.RECOR	DS, VA HOSPITAL, FT	
	18. CAUSE OF DEATH (Enter only	one couse per line for (o), (b), and (c).	)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	BY: CAUSE (o) CARCINOMA R	IGHT LUNG WITH W	IDESPREAD METASTASE	S UNKNOWN
L	1621	DUE TO, OR AS A CONSEQUENCE OF			
	Conditions, if ony, which gove rise to immediate couse (o),	(b)			
Г	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
	lost.	(c)			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART 1(o)	
2	16.3 X				
CATE	190. DATE OF OPERATION 19b. (	ONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	
CEDTIELCATION				10 L	TES
1 2			21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 18.)
MEDICA	G   OR CONTRIBUTING   CAUSE OF DEATH	er) P.M. 10			
MA		PLACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.	D. No. City or Town	County Stote
	at week			1 - 110	
	22a. I certify that (t) (thi	s haspital) attended the deceasive an	ed fram //10/00	19, ta9/12/68_, 19	
	saw the deceased al	(we) (did) (diaknox) view the	7, and that in (my) (oði bady after death	Fopinian death accurred an the d	ate and haur and tram the
	22b. SIGNATURE	(we) (uiu) (uincinn) view me	budy difer death.	220	DATE SIGNED
	Cher	) furan	DEGREE PHYS.	MED. STAFF PHYS.	DATE SIGNED 9/12/68
	22d. PHYSICIAN'S	4/	22e ADDRESS		10
	NAME (Type) PET	er v. juvan, m. d.	VAH F	ORT HOWARD, MARYLAN	חו
23	o. BURIAL, CREMATION, 23b. C	DAINE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify)	1 . 1	IMORE NATIONAL		RYLAND
- 2	A. FUNERAL DIRECTOR	ADDRESS	25o. R	EC'D BY REGISTRAR 2Sb. REGISTRAR	S SICNATURA
Y	Darshare Pi	HAYES	FUNERAL HOME	PET 19 190	100

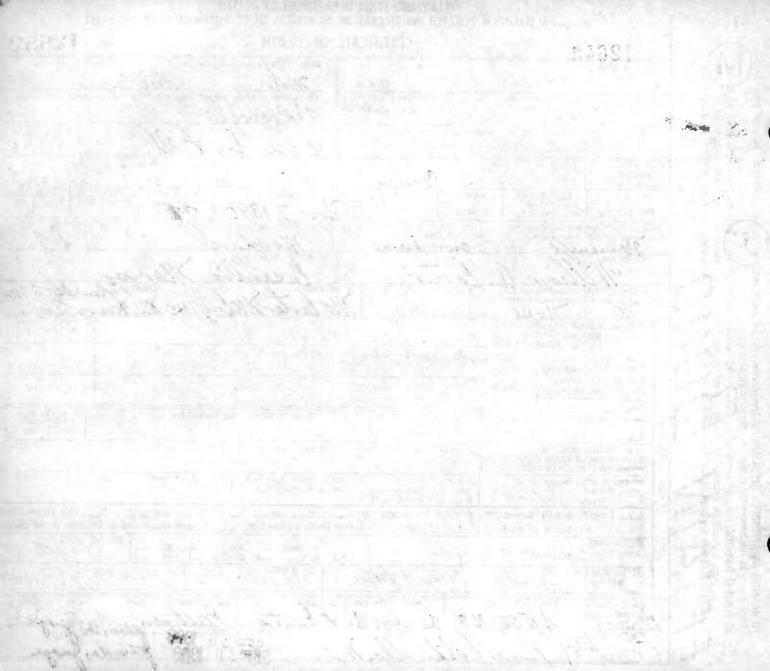
MARYLAND STATE DEPARTMENT OF HEALTH

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FOR STATE	150	1264 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH  12651
HEALTH DEPT.		DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Day Year 2b. HOUR
delay is and 3 ta M3. Page	3. SI Fe	Hones M. McCarty DEATH MATED Defenses 30968 M.  EX 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 1 year if under 24 Hrs.)  Compare White Jan. 21, 1883 105 Yrs.  Omorths Days Hours Min.  Omorths Day 304601 1968 M.  Omorths Day 304601 1968 M.
Pod Pod	7a. l	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Baltimore, Md
after death  8. Give Pages 1, along with farm with the State peed of the state peed		CITY OR TOWN OF DEATH  Lutherville  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during nost of work dane during nost of working life, even if retired.)  Lutherville  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during nost of working life, even if retired.)  INDUSTRY  INDUSTRY
2 2 2	0	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13dd. INSIDE CITY LIMITS?   f3e. STREET AND NUMBER   dmission) STATE Md.   3b. COUNTY   Baltimore   YES \( \subseteq NO \subseteq 4817 \) Arabia Avenue
24 hours in Item 1 ir's Office sr land 2 urs after c		FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Elizabeth C. Elder
within 24 n pencil in Examiner's		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  APPROXIMANT INTERVAL
xecuted nding i		18. CAUSE OF DEATH (Enter only ane cause per line for (a) (b), and (c).)  PART I. DEATH WAS CAUSED BY.  SETWEEN ONSE AND DEATH  BETWEEN ONSE AND DEATH  Conditions, if ony, which gove )  APPROXIMATE INTERVAL  BETWEEN ONSE AND DEATH  Conditions, if ony, which gove )
wo wo the		rise to immediate cause (a), stating the underlying cause last.  (c) Facture Pelus 27028
s, writing the farwarded to used as a bu	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
his certified of the ce	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  20. AUTOPSY?  YES NO
certification of tian, or	MEDICAL CE	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING BOUR A.M. Sept 31968 PRIMARY OF DEATH  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Fell in own Bedroom
EXAMINER: ut the cert uge 4 should your files. Page 3 shou cremation,	W	21d. INJURY OCCURRED  21e PTACE OF INJURY (At hame, farm, street, WHILE AT WORK AT WOR
e executor. Por led for ECTOR:		22o. I certify that I took charge of the remains described above, beld on Autopsy , Inspection , Inquiry , and in my opinion death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner
ry, pleas ry, pleas eral direc be retain RAL DIRE prior ta		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CAMBRING CHIEF MEDICAL EXAMINER CAMBRING CHIEF MEDICAL EXAMINER CAMBRING CA
o DEPUTY necessary, property of the funeral stands be reconstruction of the property of the pr		NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, tawn, ar caunty)
10 10 10		Burial, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)  Buryan (Specify) 10/3/68. New Cathedral Cemetery Baltimore, Md.
VR A15ME (5)	/	eonard J. Ruck, Inc. Balto. Md. 21214  Date OCT 3 1968 FEGISTRAR 1968





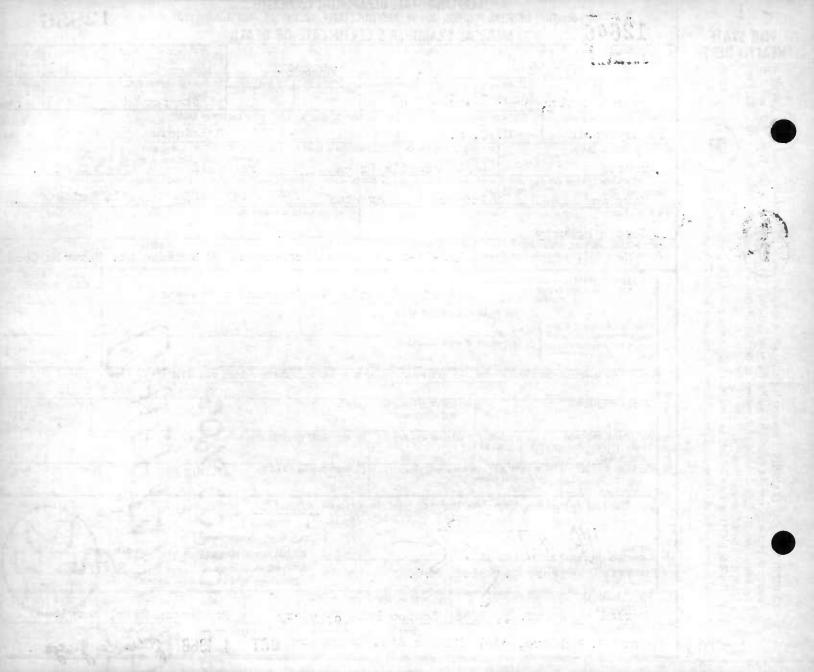
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 2o. DATE OF DEATH ond 2 executed within 24 haurs after death. unerol (Type or print) McFadden Month 22 Doy 68Year Owen C. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) 1/20/02 WHITE Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Baltimore Co. WIDOWED [ DIVORCED [ MARYLAND ompletely filled within 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY hove carbon B.M.C. Towson ESTATE BROKER and in ony event, 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 6012 HUNT 13b. COUNTY RIDGE YES T ALTIMORE 14. FATHER'S NAME First on and Middle 15. MOTHER'S MAIDEN NAME First Middle FRANCIS McFADDEN requires that the death certificate be-HELEN CHESTER .160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address attending physic permit. Then ple Yes, no. or unknown) (If yes give war or dates of service) burial, cremation, or removal, 215-12-0981 MRS. OWEN C. MCFADDEN HUNT RIDGE 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Respiatory Arrest minutes IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 22 days Conditions, if ony, which gove ) Cerebro-vascular accident signed by the burial-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached for use as the State Dept. of Health prior to hos been AfTENDING PHYSICIAN: The law 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO K **DIRECTOR:** After this certificate 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work of work 22a. I certify that (f) (this hospital) attended the deceased from 9/1 , 19 68, ta 9/22 , 19 68, that (f) (we) last saw the deceased alive on September 22 19 68, and that in (Thy) (our) opinian death occurred an the date and haur and from the be retained director, page 3 should should be filed with the causes stated abave, (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE PHYS. DIRECTOR TO HOSPITAL 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) Dr . Friedlander M.D. G.B.M.C. 6701 Charles St. B.R 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (Stote) 9/25/68 CATHEDRAL BALTIMORE. 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE VR A15 30M REV. 1968 MEARS & SON 805 N. CALVERT STRATE

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MARYLAND STATE DEPARTMENT OF HEALTH 12656 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN 2b. HOUR (Type or Print) ESTI-Poge JOSEPH 9/22 DEATH MATED K 168 UNK M portment of A. MCKUSKY delay and 3 IF UNDER 24 HRS 6. AGE (In years 4. RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR , 2, a., PM3. P 52 September 26 6:30 p. M Jan. 20, 1916 Year male white 19 68 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH form "Pennsylvania WIDOWED [ DIVORCED [ Baltimore U. S. A. tem 18. Give Poges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Mechanic give street oddress) 4854 Carmella Drive INDUSTRY D C of A Arbutus olong with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Mary land 13b. COUNTY Baltimore 4854 Carmella Drive Arbutus l and 2 ofter 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME Middle Joseph McKusky Unknown hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, qquaknawn) 165-18-3850 Anne Abramowicz, 10 Smiffen St. Norwalk Conn File within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), This certificate should writing the word DUF TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) removal. 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote. YES T 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 should MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE AT WORK AT WORK pleose execute FUNERAL DIRECTOR: 22a. I certify that I taak charge of the remains described above, held an Autopsy 📉 Inspection | Inquiry and in my apinian retained death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 9/27/68 DEPUTY MEDICAL EXAMINER Spitz, 5 moy ro FUNE Health **EXAMINER'S** Werner U. NAME (Type) ADDRESS(Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) Baltimore City, Maryland Loudon Park Gemetery Oct. 1968 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Howard H. Hubbard, 4107 Wilkens Ave. Baltimore DARCT VR A15ME (5) 1968



		MARYLAND STATE DEPARTMENT OF HEALTH
1	12647	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12657  CERTIFICATE OF DEATH
death.	1. DECEASED-NAME (Type or print)	First Middle Mc Last 20. DATE OF DEATH Magth Day Year 2b. HOL
	3. SEX	4. RACE  S. DATE OF BIRTH  TO 1: 20 1894  6. AGE (In years if under 14 year if under 24 year)  MONTHS DAYS HOURS  YRS.
7	7a. BIRTHPLACE (State or foreign country)	1 US A WIDOWED DIVORCED DALI'MORE
00	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work golden, Hen if retired in INDUCKY)  12. USUAL OCCUPATION (Kind of work dane lizb. KHNO OF BUSINESS OF during most of working life, Hen if retired in INDUCKY)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, Hen if retired in INDUCKY)  14. OCCUPATION (Kind of work dane lizb. KHNO OF BUSINESS OF during most of working life, Hen if retired in INDUCKY)
03	13a. ÚSUAL RESIDENCE (Where di admissian) STATE	deceased lived, if institution Residence before 13c. CITY OR, TOWN 13d. INSIDE CITY LIMITED NO PRESENTAND ALMBER WEND ALL YES NO PROPERTY LIMITED
1	14. FATHER'S NAME First	-1AM Middle McLosephine Is. MOTHER'S MAIDEN NAME First Doherz Ty
	16a. WAS DECEASED EVER IN U.S. Yes, ng. (or unknown) (If yes	S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  202-22-5285 Lucylle M. Lauchler Sam  Address  Am  Address
	PART I. DEATH WAS C	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAP  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAP  AMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSET AND DEAP  AMEDIATE CAUSE (a)
signed by the attending ptyse buriol-tronsit permit. Then puburial, cremation, or removol,	Canditians, if any, which g	
	stating the underlying ca	
	5271	NT CONDITIONS CONTRIBUTING TO DEATH BOT NOT REVATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
2	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  20o. AUTOPSY?  YES NO CAUSES OF DEATH?
	21a. ACCIDENT WAS UNDER OR CONTRIBUTING AUSE O  (If either, notify medical example)	OF OEATH HOUR A.M. Month Day Year
9	21d. INJURY OCCURRED While Nat while at wark of wark	21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City of Town County State
	22a. I certify that (I)	(this haspital) attended the deceased fram 1958, ta 1958, ta 1958, that (1) (we) ed alive on 1 1958, and that in my) (our) apinion deoth occurred on the date and have and fram bave (1) (we) (did) (did (ot) view the body after death.
ď	22b. SIGNATURE	Drasik, ATTENDING MED. STAFF 122c. DATE SIGNED 188
1	22d. PHYSICIAN'S NAME (Type)	TKASIK JR. 220. ADDRESS OOS HARFORD RU
K	RIMOVAL (Specify)	23b. DATE/ 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Letry or Town (County) (State)
58	24. FUNERAL DIRECTOR	150 8802 ADDRESS FORM Rel 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATE SEP 3 0 1968 Charles Quesas

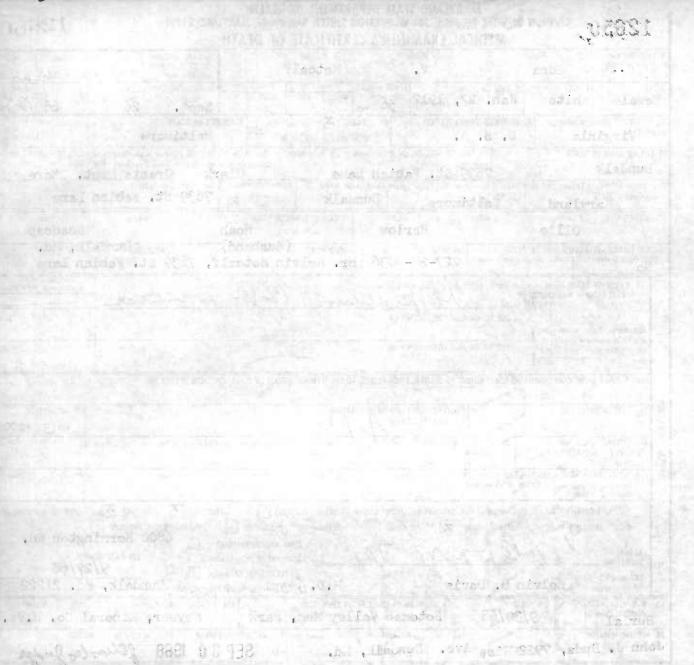
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12650 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 2a DATE KNOWN Month (Type or Print) ESTI-Edna V. Metcalf DEATH MATED 0 4. RACE S. DATE OF BIRTH 6. AGE (In years LE LINDER I YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX White Jan. 27, 1912 Female Sept. 38 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) Virginia Baltimore U. 9. A. WIDOWED [ DIVORCED [ State 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) INDUSTRY Clerk Grants Dept. Dundalk Fabian Lane Grants Dept. Store 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY timore 7839 St. Fabian Lane admission) STATE Maryland in Item 18. Dundalk YES NO EX lond 2 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Ollie Harlow Noah Roadcap (Husband) Annerce Dundalk. Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT be executed within (Yes. no, or unknown) 227-28-9836 Mr. Melvin Metcalf. 7839 St. Fabian Lane APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one couse per line to (o) (b), and (c).)
PART I. DEATH WAS CAUSED BY: perk IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSCOUENCE OF Conditions, if ony, which gove rise to immediate couse (o). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🗀 NO PO 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, 11em 18.) 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Tawn County Stole foctory, affice building, etc.) WHILE NOT WHILE C 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection A Inquiry X, and in my opinian death resulted fram: Natural causes . Accident Homicide Suicide Undetermined manner 6800 Mornington Rd. CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heofth Melvin B. Davis M.D. GODETHAND XLYNON POLICY Dundalk, Md. 21222 NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 9/30/68 Potomac Valley Mem. Park Keyser, Mineral Co. W. Va. 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE John J. Duda, 7922 Wise Ave. Dundalk, Md. VR A15ME (5) SEP 30 1968 DATE 10M REV. 1/68

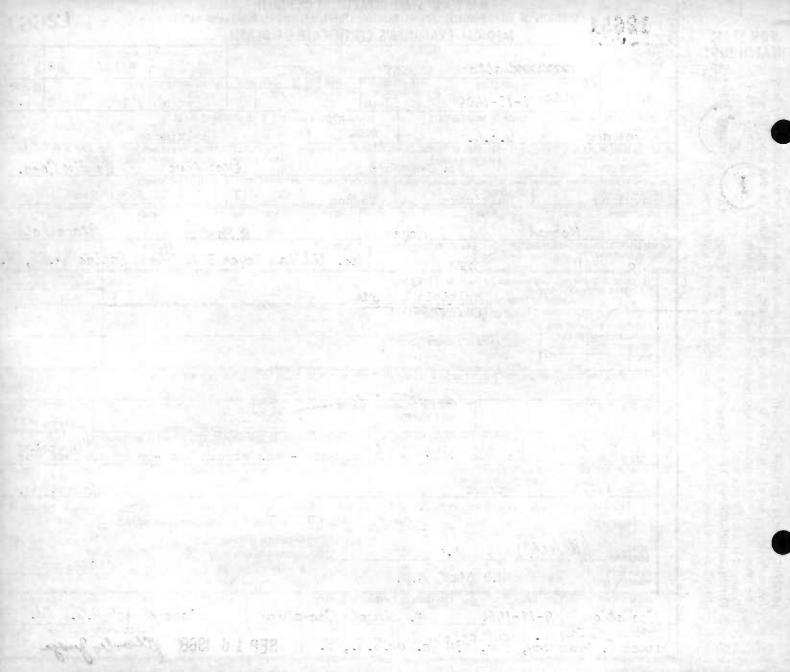
MARYLAND STATE DEPARTMENT OF HEALTH



1502-91123B

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME First Middle 20 DATE KNOWN Month Dov (Type or Print) 2, and 3 to PM3. Page WarmmanWalter 9/10/ 168 ERNEST ment af DEATH MATED 4. RACE AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD white Month September 10 male 1-13-1909 59 A . M 7a. BIRTHPLACE (State or foreign 7h CITIZEN OF WHAT COUNTRY? MARRIED XXIVEVER MARRIED 9 COUNTY OF DEATH Pages 1, farm Germany WIDOWED [ DIVORCED [ Baltimore 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done give street oddress) St. Joseph's during most of working life, even if retired.) LINDUSTRY. Towson alang 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 204 E. Joppa Road Towson ofter and pencil in Item 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Office First First Stapelteld Herman Meyer haurs 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) Mrs. Lillian Meyer 3618 Glenn Eagles Dr. SS. Md File APPROXIMATE INTERVAL within CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) be executed permit. BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Multiple Injuries DUE TO. OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a). writing the ward certificate shauld DUF TO, OR AS A CONSEQUENCE OF stating the underlying couse . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 remayal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 3 shauld PRIMARY X OR CONTRIBUTING cremation, of auto - was struck head-on by another car 19 68 CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At home, form, street, County Stote City or Town foctory, office building, etc.) FUNERAL DIRECTOR: Page AT WORK AT WORK Baltimore, Md. please execute street 22a. I certify that I took charge of the remains described above, held an Autopsy X. Inspection | Inquiry , and in my apinion death resulted from: Natural causes . Accident X reforned Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER 9/10/68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Werner U. Spitz, M.D. NAME (Type) ADDRESS(Street, city, town, or county) 50 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9-16-1968 It. Lincoln Crematory Bladensburgh 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 VR A15ME (5)

MAKYLAND STATE DEPAKTMENT OF HEALTH



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PRESTON STREET, BALTIMORE 1, MARYLAND

MARTINE EE EVELT SOME production seems and the seed of the seed SPHILLING TO JUST KINE PYA 1346 MAKEMAN PORE MOORE SERE ST 168 VERNON LEE NOW IE 1912 FEE THE THIRD MARGIN CREMERS & INC. PHILIPPINE ( S. P.D. " I SAFE 有国际公司 计可能差别 电影 STATE MELLINA S VELLEL EN MORNE - CONTRACT E 40 1-40 - 613 - 643 The second services of the second THE PARTY OF Tille Hillstone and miles Marie Charles I have a married to Kours N. Iorean Egos N Strict Part 21214 John J. Dada, 7022 was aver Imdele, all

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12665 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. First 1. DECEASED-NAME Middle 2g. DATE KNOWN Month (Type or Print) OF ESTIdelay is and 3 ta PM3. Page WILLIE JAMES MOORE 9/8/ 1968 partment of p.M 6. AGE (In years 4 RACE IF LINDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD 3 SEX DATE OF BIRTH 60 September 8 male Negro 1968 7a. BIRTHPLACE (State or foreign TO PITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Pages 1, farm WIDOWED | DIVORCED Baltimore 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done Office alang with 12b. KIND OF BUSINESS OR give street address)
St. Joseph's during most of working life, even if retired.) INDUSTRY Towson 13d. INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 136. COUNTY Marsion) JANE YES X NO 651 Cheraton Road Baltimore and 2 24 haurs 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle 16b. SOCIAL SECURITY NO within pencil **ADDRESS** (Yes, no, or unknown) . within executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. the Chief Medical PART I. DEATH WAS CAUSED BY: pending IMMEDIATE (AUSE (0) Hypertensive Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Canditians, if any, which gave rise to immediate cause (a), writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause E PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) remaval, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES [ NO X pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 10 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 should HOUR A.M. PRIMARY TOR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) FUNERAL DIRECTOR: Page MOT WHILE 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry and in my apinian death resulted fram: Natural causes X 1 Accident . Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 9/10/68 DEPUTY MEDICAL EXAMINER 5 may 100 FUNE **EXAMINER'S** Spit Werner NAME (Type ADDRESS(Street, city, town, or county) 23g. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ADDRESS 25g. REC'D BY REGISTRAR 1968 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 12656 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12666 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN Middle Lost Month Day (Type or Print) ESTI-OF ny delay is 2, and 3 to PM3. Page 25 12 an MOWBRAY 1968 d **JAMES** DEATH MATED 6. AGE (In years argaint 4. RACE IF UNDER 24 HRS. 3. SEX 2c. DATE PRONOUNCED DEAD 2d. HOUR 5. DATE OF BIRTH HOURS last birthday) 19 68 12am Nov 9 1914 Male White 53 JUSS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Office alang with farm (COUNTRY) Massachusetts ă U. S. A. WIDOWED [ DIVORCED [ Balto. Give Pages the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done after death 10, CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) **INDUSTRY** Dundalk Gen'L Dynamic Pipefitter 13th USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13th CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER and 2 with 13b. COUNTY odmission) STATE Holbrook YES NO 37 Holiday Rd Mass 24 haurs tem ] after 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME James H. Mobray Euphemia Smart hours . shauld be farwarded to the Chief Medical Examiner's 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pericil be executed within Mass. (Yes, ng, or unknawn) (If yes give war or dates of service) 024-03-4874 Mary J. Mowbray 37 Holiday Rd. Holbrook No .⊆ any event within 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH 'pending" PART I. DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise to immediate cause (a), This certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD removal, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? certificate, pe D 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. MEDICAL crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE T please execute burial, 22a. I certify that took charge of the remains described above, held an Autopsy XX Inspection Inquiry ond in my opinion director. deoth resulted from: Natural causes XX , Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE 9/25/68 DEPUTY MEDICAL EXAMINER 5 may ro FUNE Health **EXAMINER'S** Edward F. Wilson, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23a BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) REMOVAL (Specify)
Burial Holbrook, Massachusetts 9-28-68 Mt. Wollaston Cemetery
ADDRESS 250. REC 2So. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE Howard H. Hubbard 4107 Wilkens Avenue 21229 1968 VR A15ME (5) 10M REV, 1/68

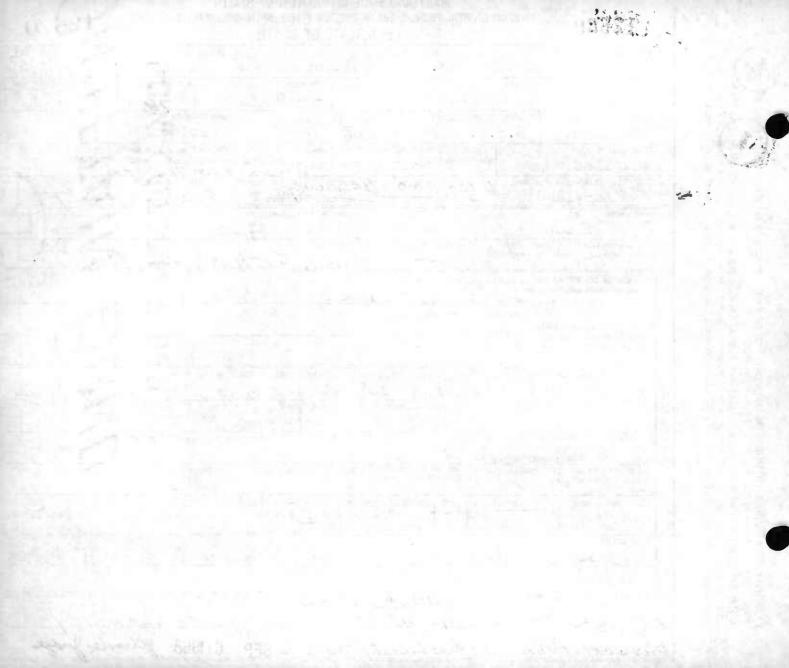
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MARYLAND STATE DEPARTMENT OF HEALTH

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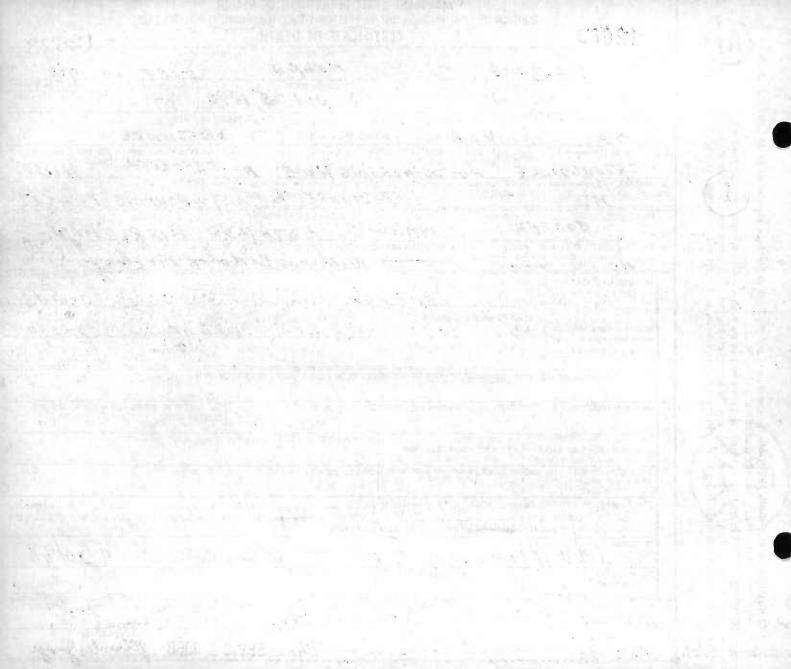
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH ceptificate be executed within 24 haurs after death. 3803 OOKAW 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY a. STATE bito MARYLANO TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) GEAYS d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) within 72 3803 Oak AUD 3803 Oak Ave ON A FARM? YES NO Z 4. DATE NAME OF First Middle Month Day Year OF DEATH DECEASED May 1968 22 Type or print IF UNDER 1 YEAR IF UNDER 24 HRS. SEX DATE OF BURTH 9. AGE (In years 6. COLOR OR RACE NEVER MARRIED last birthday) Manths Hours sem de WIOOWEO OIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT during mast of working life, even if retired) USA hysicion am stress seam stress 14. MOTHER'S MAIOEN, NAMI 13. FATHER'S NAME Baker Myers remov PHYSICIAN: The law requires that the death 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar ugkpown) (If yes give wor or dates af service 2-03-4044 5 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) signed by the burial-transit PART I. OFATH WAS CAUSED BY: ONSET AND DEATH cenebra OUE TO A Trial Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying couse has been the last. WAS AUTOPS)
PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) and 10 vassed ar NO -70 FUNERAL DIRECTOR: After this certificate be retained by the hospital or 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour o.m. Not While ot wark June 19 60, 10 21. I certify that (I) (this hospital) ottended the deceased fram. should 19 65, and that death occurred at 1 PM, from causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED 22a, SIGNATURE ATTENDING M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, should t 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION, 23b. OATE THEREOF (Stote) SEMOVAL (Specify) 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



		MARYLAND STATE DEPARTMENT OF HEALTH  OF DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12671
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Manth (Type ar Print)	Day Year 2b. HOUR
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2, Pa		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   MNEVER MARRIED   9. COUNTY OF DEATH   177 N. Y. N. Y. U.S.A.   WIDOWED   DIVORCED   Baltimore	1460 / FF-M
alang with form with the State De leath.	_	Towson  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of pocking life even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of pocking life even if retired.)	12b, KIND OF BUSINESS OR INDUSTRYL CEC
. 0		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN dmission) STATE Md. 13b. COUNTY Baltimore Towson YES NO 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 121 Marburt	
	14. 1	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  J. Brooks Nichols Rosa	Dunlap
File pages		was deceased ever in u.s. armed Forces?    16b. Social Security No.   17. INFORMANT   ADDRESS     16s. no or unknown   (If yes give war or dates of service)   528 07 4647   Grace Ashton Nichols 121 1	
e used as a burial-transit permit. File page: emoval, and in any event within 72 haur		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  955  DUE TO, OR AS A CONSEQUENCE OF  Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	STATES AND DEATH  SUGGESTION  STATES
used as moval,	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES NO
ld b	MEDICAL CERT	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, 1	
6 9	ME	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	Caunty State
o FUNERAL DIRECTOR: Page Health prior to burial, cren		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry deoth resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	ond in my opinion
H <sub>H</sub>	230	Burial, Cremation, 23b. DATE 9/16/1968 23c. NAME OF CEMETERY OR CREMATORY Baltimore	(Caunty) (State) Md •
A15ME (5) 0	24.	FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S	rles Judge

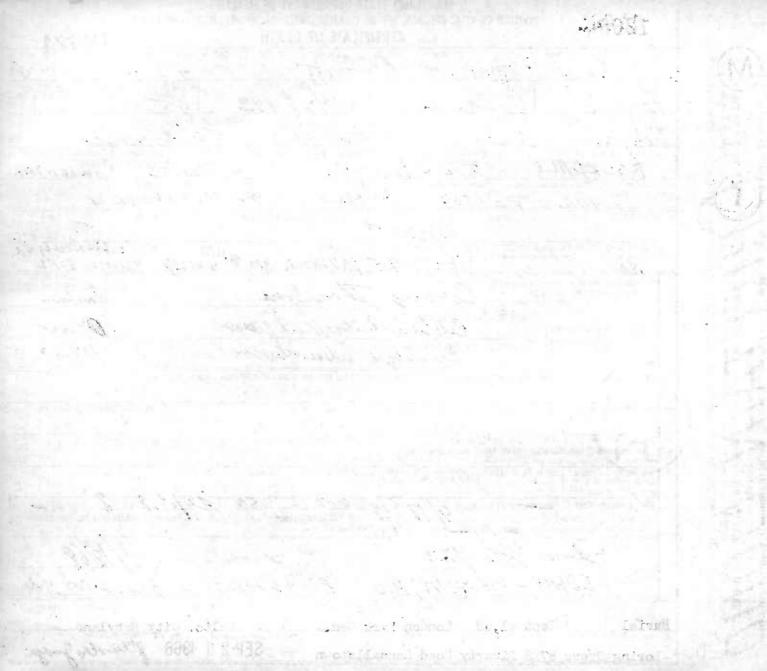
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00	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
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70		CATON SUIZ	11. NAME OF HOSPITAL OR INS give street address)  HODDS NO	RSING HOME	SUAL OCCUPATION (Kind of work done most of working life even it stied)	12b. KIND OF BUSINESS OR INDUSTRY
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4	14.	ATHER'S NAME First	EPA Middle Last MAT	15. MOTHER'S MAIDEN NAME		EMAN
de.	16a	WAS DECEASED EVER IN U.S. ARI	MED FORCES? wer or dates of service)  16b. SOCIAL SECURITY N		3. Holon-17272	England B
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	NOI	4221	CONDITION FOR WHICH OPERATION WAS PER		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
0	CERTIFICATION			YES NO [	CAUSES OF DEATH?	
	MEDICAL CE	21a. ACCIDENT WAS UNDERLYII  ☐ OR CONTRIBUTING ☐ CAUSE DE DEA  (If either, natify medical exami	TH HOUR A.M. Manth Day Year iner) P.M. 19		nter nature af injury in Part 1 ar Part 2,	Item 1B.)
	W	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		11 01	County State
		22a. I certify that (1) (the saw the deceased courses stated oboy	nis haspital) attended the decayse alive on (did) (did not) view the l	d freeze, 19 9 65, and that in <del>(rey) (o</del> ur) o body after death.	ppinian death occurred on the d	ote ond hour ond from the
1		22d. PHYSICIAN E 50 BANAME (Type)	LIGHT ARTONY, TIMORE 28, MANY	ATTENDING PHYS.  22e. ADDRESS	MED. STAFF DIRECTOR PHYS. 22c.	DATE SIGNED 9/20/68
		fur is	DATE 23-68 23c. NAME OF C	CEMETERY OR CREMATORY CM	23d. LOCATION (City or Town)	(Caunty) (State)
0	24.	FUNERAL DIRECTOR Saley- Ca	may & FADDRESS		SEP 2 4 1968 REGISTRAR	signature Judge
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12664 CERTIFICATE OF DEATH DECEASED-NAME First Middle - Lost 2a. DATE OF OEATH 2b. HOUR (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. within 24 hours after lost birthday) MONTHS HOURS the haurs 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH. 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED San papers. within 72 h (duntrý) filled in WIDOWED [ DIVORCED | 10. CITY OR JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY upg A OUSENIFE DUSEWORK 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? requires that the death certificate be executed 3625 FRORID odmission) STATE 13b. COUNTY POCKBALE YES 🗀 NO 6 any 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle 6 = physician nen please burial, cremation, ar remaval, and 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na. ar (inknown) (If yes give war or dates of service) attending p IB. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A the Canditians, if any, which gove ) signed by the burial-transit rise to immediate couse (o), DUE TO, OR AS A COMSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be detached far use as the State Dept. af Health priar ta **DIRECTOR:** After this certificate has been ATTENDING PHYSICIAN: The law 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES [ NO K 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M (If either, notify medical examiner) ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County Stote While Not while at wark of work 22a. I certify that (I) (this hespital) attended the deceased from 32P7. 12 . 19/50 ta 254 1968, and that in (my) (cor) apinian death accurred an the date and havr and fram the saw the deceased alive an\_ be retained directar, page 3 shauld should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE **ATTENDING** MED. STAFF DEGREE PHYS. DIRECTOR PHYS. 22e, ADDRESS 22d. PHYSICIAN'S TO FUNERAL NAME (Type) LIBER 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) Burial (Specify) .68 Loudon Park Cem City Maryland
25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 2 3 1968 Ochane 30M REV. Loring Byers 8728 Liberty Road Randallstown DATE

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1.267.6 12666 CERTIFICATE OF DEATH DECEASED-NAME Middle Last First 2g. DATE OF DEATH 2b. HOUR death. hours after death. (Type or print) uneral and PLACK TAK FRANCIS 4. RACE IF UNDER I YEAR IF UNDER 24 HRS 3. SEX S. DATE OF BIRTH 6. AGE (In years 2 ay) last big 9/24/95 HOURS MALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED BALTIMORE COUNTY. WIDOWED [ DIVORCED [ Baltimore, Md.

10. CITY OR TOWN OF DEATH within 24 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) FORT HOWARD National Sales car 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN burial-transit permit. Then please remove car burial, crematian, ar remaval, and in any event, 13e. STREET AND NUMBER requires that the death certificate be executed campl admission) STATE 13R' CONITA 425 S. Ellwood Avenue YESK NO [ 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Middle attending physician and permit. Then please rem Madeline MN: Bietler

17. INFORMANT Helen Rodgers 125 Sweetllwood venue
CLIN RECORDS, VA HOSPITAL, FT HOWARD, MD. Pluciak Francis 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, na, or unknown) 216 10 94 12 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CEREBRAL HEMORRHAGE 11 DAYS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF CEREBRAL ARTERIOSCLEROSIS YEARS signed by the burial-transit p Canditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse YEARS GENERALIZED ARTERIOSCLEROSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) be detached far use as the State Dept. af Health priar ta ARTERIOSCIEROTIC HEART DISEASE WITH CONGESTIVE HEART FAILURE 10 FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH AUTOPSY YES 🔲 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) HOUR A.M. Manth Doy Year (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 220. I certify that (IX (this haspital) attended the deceosed from 3/25/68, 19, ta\_9/5/68, 19, that (N) (we) last saw the deceased alive an 19, and that in (my) (our) opinion death accurred on the dote and hour and from the directar, page 3 shauld shauld be filed with the causes stated abave (1) (did) (did (iii) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR Arm over m.D. DEGREE 22e. ADDELSH FORT HOWARD, MARYLAND 22d. PHYSICIAN'S INFAN A. ORER, M. D. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (Stote) 9/9/68 BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Meliantes BALTI CATE SEP 1968 30M REV. 1/68

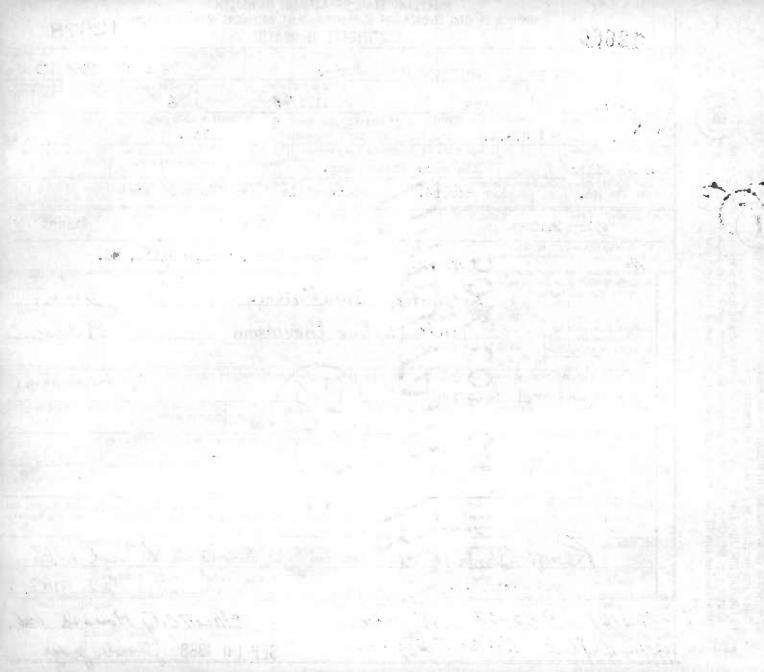
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12667 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH 2b. HOUR First death. (Type or print) Month Myra Long Day Purcell 68 Year 9.00IM September vithin 72 haurs after 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years 5-11-1896 lost birthdoy) HOURS Female White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED . DIVORCED West Virginia
10. CITY OR TOWN OF DEATH Baltimore and completely filled remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress) during most of warking life, even if retired.) INDUSTRY Home Towson St. Joseph Hospital

130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before | 13c. CITY OR TOWN burial, cremation, ar removal, and in any event, 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Baltimore NO 🐷 YES [ ] 1711 Earhart Road - 21221 Essex Maryland 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Lost Lulu Long Clarence Ravenscroft physician 2 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) 0 21220 705 09 5805 Edwin Purcell 21 Lynnbrook Rd APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Chronic Lymphatic Leukemia DUE TO, OR AS A CONSEQUENCE OF the signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the b f Health prior to b as the has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CALISES OF DEATH? YES [ NO X TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. of Healt 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 9/26/, 1968, ta 9/29/, 1968, that (I) (we) last saw the deceased alive an 9/29/ 168, and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b\_SIGNATUR 22c. DATE SIGNED **ATTENDING** 9/29/68 DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S NAME (Type edulo Paglinauan, Jr. M.D. 22e. ADDRESS 7620 York Road, Towson, Md. 21204 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (Stote) BREMOVAL (Specify) 10/2/68 Baltimore Co. . Md. Oak Lawn Cemetery 24. FUNERAL DIRECTOR Bruzdzinski Funeral Home 1407 Eastern Ave.

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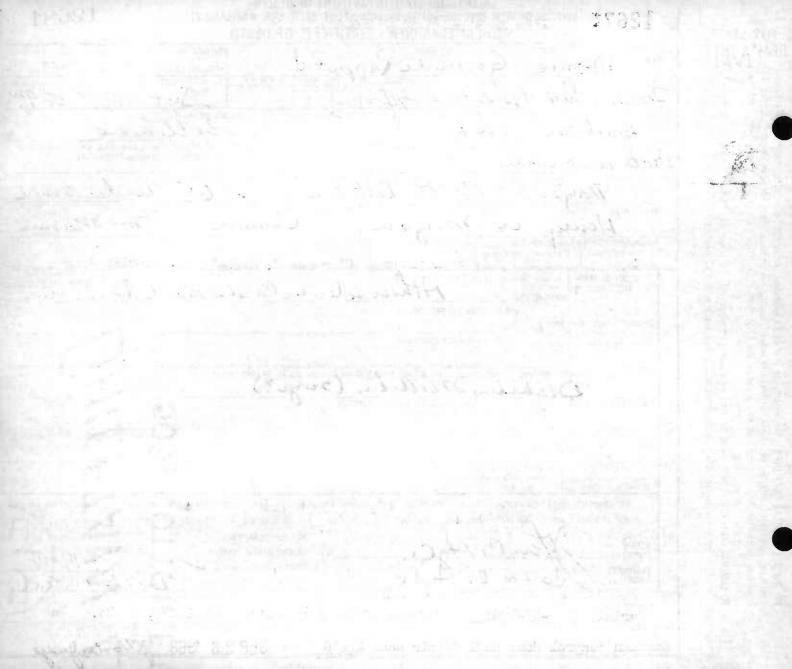
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12663 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH First 2b. HOUR and 2 death. 24 haurs after death. funeral (Type or print) PM Brenda Jeannette Purkey 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS ! 11/1/40 White Female 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED (auntry) U.S.A. Balto. DIVORCED [ Md. WIDOWED | filled please remove carbon pape within / 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR eduted within give street address)
Rosewood during most of working life, even if retired.) Owings Mills State Hosp. burial, cremation, ar remaval, and in any event, 130. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13e STREET AND NUMBER Dogwood Road 13c CITY OR TOWN Mariottsvi odmission) STATE Md. Isb. COUNTY -Howard. 531+11VAV 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Last Bryant Wiley Purkey physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Rosewood Records Owings Mills, Md. requires that the death certifical Yes, no, or unknown) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave ) umonia rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) parapieara O FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta seizures . 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO D YES 🖂 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 22a. I certify that (I) (this hospital) ottended the deceased from Sept. (1957), to Sept. (1957), that (I) couses stated abave, (1) (we) (did) (did not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED DEGREE PHYS DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS Osewood NAME (Type) Remzi Demir M.D. 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION (County) (Stote) Johns 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/88 1968

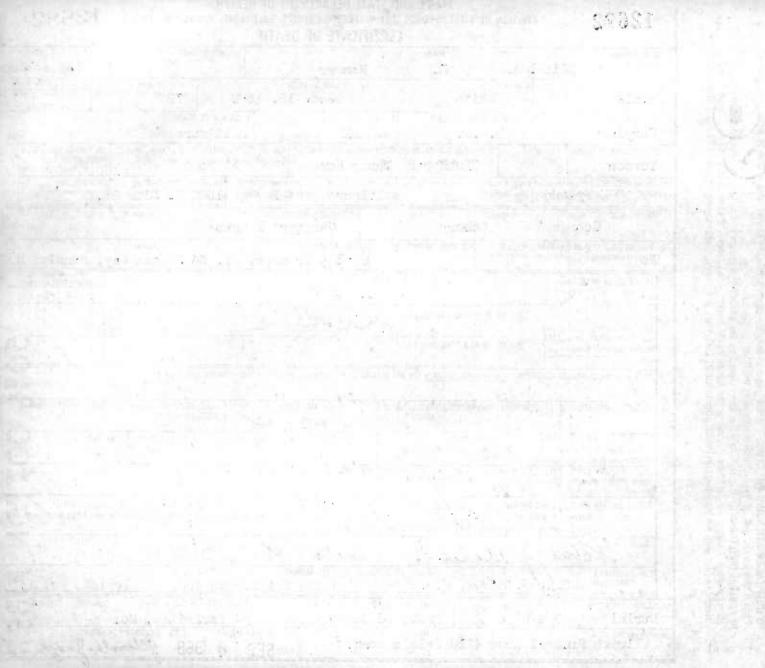
MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 26729 CERTIFICATE OF DEATH 12669 Last 2a. DATE OF DEATH First 2b. HOUR after death haurs after death (Type or print) HARRY PURVEY JOSEPH :00PM 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years last birthdoy) 4/4/25 MALE NEGRO 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED U.S.A. BALTIMORE. DIVORCED WIDOWED [ 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR FORT HOWARD 13c. CITY OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER attending physician and cample permit. Then please remave car requires that the death certificate be executed CHESAPEAKE P. O. BOX 636A Middle 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First DICHTE GROSS MALLITAM PURVEY 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes po or unknown) 213 22 13 73 CLIN. RECORDS. VA HOSPITAL. FT HOWARD. MD. 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY AS CAUSED BY:
IMMEDIATE CAUSE (a) PROGRESSIVE LIVER FAILURE 3 WEEKS cremation, DUE TO, OR AS A CONSEQUENCE OF (b) UPPER GASTROINTESTINAL BLEEDING Canditions, if ony, which gave: 4 DAYS burial-transit rise ta immediate couse (a), DUE TO. OR AS A CONSEQUENCE OF stating the underlying cause (a LAENNECS CIRRHOSIS WITH ESOPHAGEAL VARICES YEARS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending this certificate has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES YES X NO 🗌 far use 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased fram 7/9/68 saw the deceased alive an 19 , and that in (1) FUNERAL DIRECTOR: After ta\_9/20/68 . 19 \_, and that in (1904) (aur) apinian death accurred on the date and haur and fram the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 9/20/68 DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS RODOLFO G. MIRO, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND directar, sbauld b 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) ST EDMONDS CHURCH CEMETERY PRINCE FREDERICK, MD. 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PINKNEY SEWELL FUNERAL HOME SEP Ochande

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STATE DEPARTMENT OF HEALTH

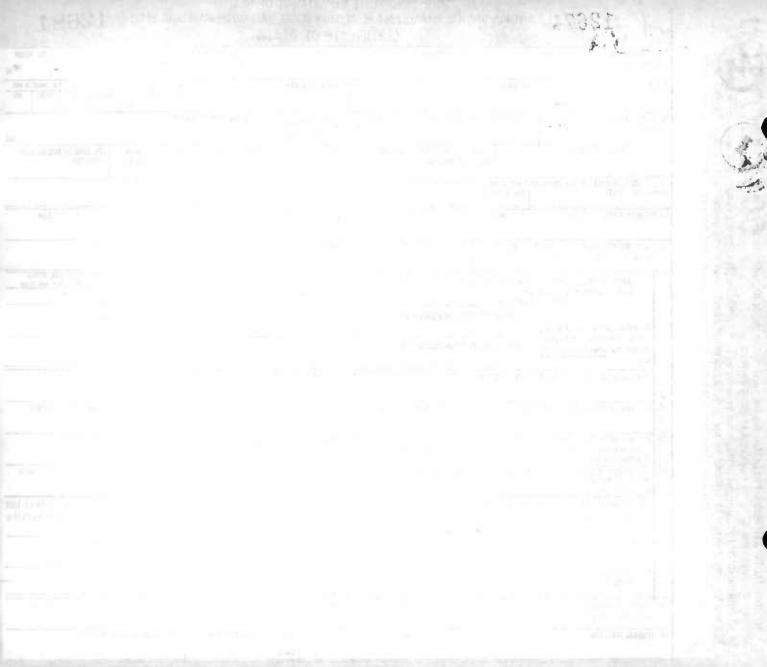




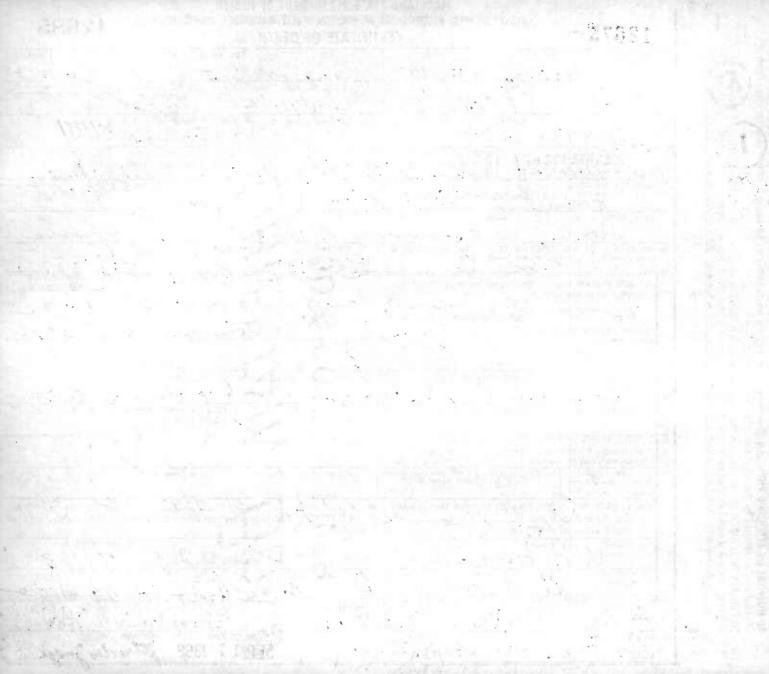
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MAKILAND STATE DEPARTMENT OF HEALTH



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he S		saw the deceased alive an	1962, and that in (my)(our) o	ppinian death occurred an the date ond l	nour and fram the
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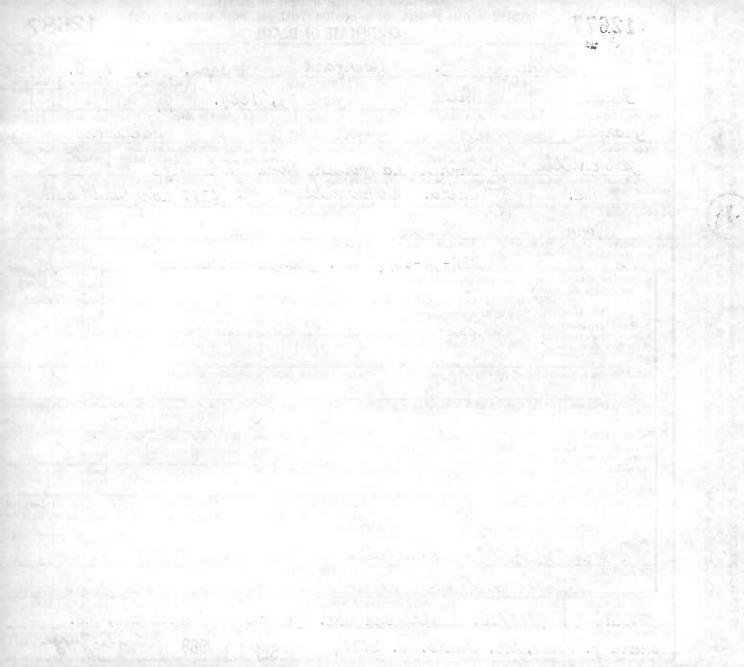
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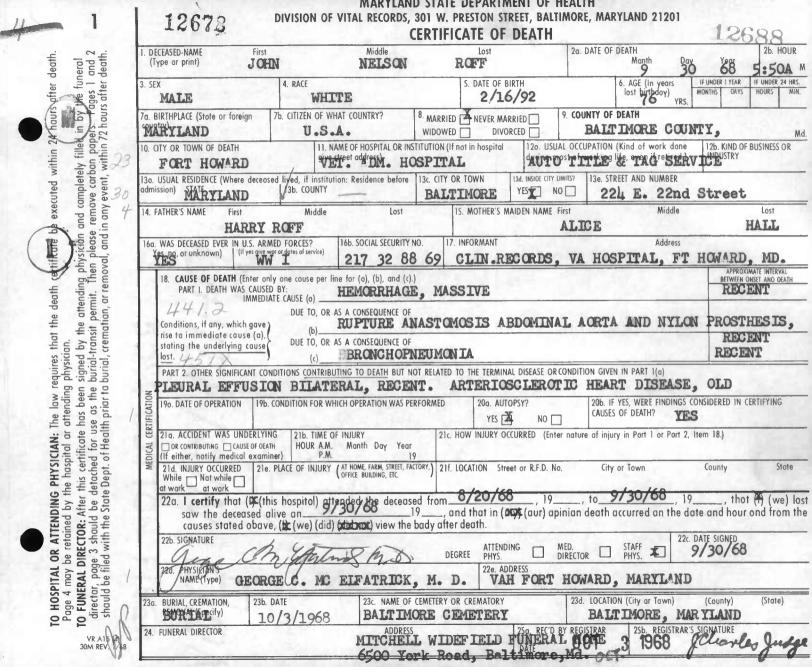
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FOR STATE		12679 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT. .∽ ≜ 8 5	1. DE (T	CEASED-NAME First Middle Last 20. DATE KNOWN Month Day Year 2b. Hour of Esti-Death Mated 36 First Middle ROGERS
ny delay , and 3 PM3. P.	3. SE	Female Cau. S. DATE OF BIRTH  July 20, 1893  6. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD  Year   Y
s 1, 2, orm P		RTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   MILE   NEVER MARRIED   Baltimore   Md.
deoth any del Poges 1, 2, and with form PM3. The State Departme	10. C	ITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during mast of working life, even if retired.)  12b. KIND OF BUSINESS OR during mast of working life, even if retired.)  11DUSTRY  HOUSEWIFE
Ee eff. 60.03	13a. ac	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN    Initiation
	14. F	Samuel Clarence Padgett Mamie Roberts
within 24 n pencil in Examiner's File poges 1 72 hours	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  213-28-1193  Jean P Reitz, Belfast Rd., Sparks, Maryland
vecuted vading" in Medical Experimit. Fi		18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), god (c).)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH  TO Coup
NER: This certificate should be executed within 24 hours e certificate, writing the word "pending" in pencil in Items should be forwarded to the Chief Medical Examiner's Office filles.  3 should be used as a burial-transit permit. File pages lond 2 nation, or removal, and in any event within 72 hours ofter and a should be used as a burial-transit permit.		Canditions, it ony, which gave rise to immediate cause (a), (b) Fracture of Supra consule Rtemor 10 WKS
should be e te word "per to the Chief I burial-tronsit		stating the underlying couse   DUE TO, OR AS A CONSEQUENCE OF   (c)
ificote ting the orded to as a b	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
his certific ote, writin te forward be used a: r removol,	CERTIFICATION	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH SPERATION 1/05 PT SUFTE CONCEPTS  WAS PERFORMED? FROM 1/05 PT TE MUY  20. AUTOPSY?  YES \( \sum \) NO \( \sum \)
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XAM ge 4 your Poge crem	W	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, Areet, WHILE AT WORK AT WOR
		22a. I <b>certify</b> that I taak charge of the remains described above, held an Autapsy, Inspection inquiry, and in thy apinion death resulted from: Natural causes Accident, Suicide, Hamicide, Undetermined manner
o DEPUTY DICA necessory, pleose esthe funeral director. 5 may be refained provided by FUNERAL DIRECTOR.		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 22b. DATE SIGNED 22b. DATE SIGNED
ro DEPUTY necessory, p the funeral   5 may be re ro FUNERAL Heolth prio		EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county)
5 5 5 0 5		BURIAL CREMATION, BEINDYAL (Specify) Sept. 12, 1968 Loudon Park  23c. NAME OF CEMETERY OR CREMATORY Baltimore, Maryland (State)
VR A15ME 5	Wm.	FUNERAL DIRECTOR  Cook-Brooks Towson, 1050 York Road Towson, Maryland 21204  Towson, Maryland 21204  Towson, Maryland 21204  Towson, Maryland 21204

MAKILAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2680 CERTIFICATE OF DEATH 1. DECEASED-NAME First Lost 2o. DATE OF DEATH 2b. HOUR (Type or print) LENA ROSEN 968 SEPTEMBER 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS FEMALE WHITE MARCH 10. 1876 burial, cremotian, or removal, and in any event, within 72 hours a 92 YRS. 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) RUSSIA remove corbon popers. BALTIMORE WIDOWED IX DIVORCED [ letely filled 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY PIKESVILLE 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13b. COUNTY 3305 NORTHMONT ROAD COM The law requires that the death certificate be execu 14. FATHER'S NAME Middle First Middle Lost IS. MOTHER'S MAIDEN NAME First pup MORRIS JANOFSKY SARAH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) (If yes give war or dates of service) 3305 MILDRED FRIEDLANDER 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN DNSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) permit. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) burial-tronsit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) , page 3 should be detached for use os the be filed with the Stote Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? O FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? NO T YES | 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from the saw the deceased alive an 1968, and that (II) (my) (our) opinian death accurred an the date and haur and fram the causes stated abave, (1) (we) (did (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. PHYS 22e. ADDRESS TO HOSPITAL 22d. PHYSICIAN'S DR. MANUEL LEVIN 6101 PARK HEIGHTS NAME (Type) director, g 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) 9-17-68 OHEL YAKOV ADDRESS 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15(4) Ochanles 1968 30M REV. 1×68 LEVINSON & BROS. 6010 REISTERSTOWN ROAD

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Dov Yeor (Type or Print) OF ESTIage o DEATH MATED AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 4 RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR 昌島 CO YRS MARRIED NEVER MARRIED 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. 9. COUNTY OF DEATH country) I11. WIDOWED [ DIVORCED for LIIBOR State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR grve street oddiess) during most of working life, even if retired.) INDUSTRY Give death. 13o. USUAL RESIDENCE (Where deceosed lived, if institution) Residence before 13c. CITY, OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE COUNTY 14)50m YES NO Item 1 Office l and 2 after Middle 14. FATHER'S NAME Lost IS. MOTHER'S MAIDEN NAME ROTHE NMN KENNETH DeVinney haurs 2 the Chief Medical Examiner's pages pencil 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** within (Yes, no, or unknown) moy 213-58-3402 549 Piccadilly Rd. 21204 File APPROXIMATE INTERVAL within executed 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). permit. ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit pe Conditions, if ony, which gove rise to immediate cause (o), certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= farwarded ta and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 OS remaval, CERTIFICATION used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, YES -210. EXTERNAL CAUSE WAS D 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) should shauld PRIMARY FOR CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK burial, 220. I certify that I taak charge of the remains described above, held an Autapsy 1. Inspection Inquiry and in my opinian director. death resulted from: Natural causes Accident Suicide -Homicide Undetermined manner please CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type) Charles F. O'Donnell, M.D. ADDRESS(Street, city, town, or county) the 23c. NAME OF CEMETERY OR CREMATORY 50 BURIAL, CREMATION 23b DATE 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 9/19/68 Roselawn Mem. ParkCo. Madison. Wisconsin 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 1968 Ochemia Wm. Cook-Brooks Towson 1050 York Rd. 21204 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

which is interfered to selling a single of 

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12682 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH 2b. HOUD 1. DECEASED-NAME First death. within 24 haurs after déath. completely fitted in by the funeral ove carban papers. Rages I and (Type or print) Month CHARLES RUDOLPH ROUSE. Sr. SEPTEMBER 10:00 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) MONTHS I DAYS MALE WHITE JANUARY 1, 1899 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED MARYLAND MARYLAND WIDOWED [ DIVORCED | U.S.A. BALTIMORE 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street address)
ST. JOSEPH HOSPITAL during most of working life, even if retired.)
Retired Lawyer **INDUSTRY** TOWSON Govt 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? executed BALTIMORE 349 TUNBRIDGE RD. odmissian) STAMARYLAND 136. COUNTY YES X NO #21212 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle Lost and Rudolph R. Rouse Bertha Mueller please requires that the death certificate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (Same) Mrs Bessie M. Rouse ТаПаТТ APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Malignant mesothelioma of the right pleura IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the prior take has been 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? ATTENDING PHYSICIAN: The NO 🔲 YES 3 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased from September 6, 19 68, to September 309 68, that (I) (we) last saw the deceased alive an September 30 19 68, and that in (my) (aur) apinian death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did not) view the bady after death. be retained directar, page 3 shauld should be filed with the 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR STAFF PHYS. 10-1-68 DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS 7620 York Rd. 21204 NAME (Type) Christina Feliciano, M.D. 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) New Cathedral Baltimore Md 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 & Sons Co H.W.Jenkins

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5 1 I	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	State of the state
FOR STATE	12683 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2693
HEALTH DEPT.	1. DECEASED-NAME First LOUISE Middle Lost 20. DATE KNOWNE Month Da	y Yeor 2b. HOW
oy is 3 to Page ent of	atherine Esta Royston DEATH MATED Jept.	2, 1968 1:45
Iny deloy is 2, and 3 to PM3. Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years   If UNDER 14 HAS   IF UNDER 24 HAS	Year 19 2d. HOUR
E ~   Q	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH	
S D O	COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore County  10 CITY OR TOWN OF DEATH 11. NAME DE HOSPITAL OR INSTITUTION (If not in haspital 12a, USUAL OCCUPATION (Kind of work dang 12b)	Md.
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deoth deoth	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN  odmission) STATE 44 / 1/3b. COUNTY 0 / 1	
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24 hours in Item 1 r's Office as 1 and 2 rs ofter g	William Howard Indiana Elizabeth Holland	
hin ncil nine page	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, na, Arynknawn) (If yes, Hong of dates of service) 156-20-9/// Family records	
ed with period of the control of the	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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is certific te, writin forword forword e used o removal.	19a. DATE OF OPERATION  July 6, 1968  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED? Fracture Right Hip  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Manth, Day, Year  21c. HOW INJURY OCCURRED (Enter noture af injury in Part 1 ar Part 2, Item	20. AUTOPSY?
This certificate, writible forwor	July 6, 1968 WAS PERFORMED? Fracture Right Hip	YES NO
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the 4 st ur fill ur fill emo	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At home, form, street,  WHILE NOT WHILE STORY OF INJURY (At home, form, street,  AT WORK A	County State
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Se e) crtor. ned ECTC	deoth resulted from: Notural couses Accident , Suicide , Hamicide , Undetermined monner	
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ssary, pleose funeral direct oy be retained of the prior to	DEPUTY MEDICAL EXAMINED TO Sept.	3,1968
TO DEPUTY DICAL EXA necessary, pleose execute the funeral director. Poge 5 may be retained for yo TO FUNERAL DIRECTOR: Page Health prior to buriol, or	NAME (Type) William N. Pillsowy ADDRESS(Street, city, town, or county)	(6)
0 = = ~ 0 =	Burian Sept. 4, 1968 Poplar Grove Cemetery Cockeysville, Mar	aunty) (State)
VR A15ME (5)	24 JUNEAN DIRECTOR DUVING Some Townson. MA. DATE SEP 6 1968 Clearly	Nature Judge

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	CERTIFICATE OF DEATH  CEASED-NAME First Middle Lost 20. DATE OF DEATH  (YPE or print) ROBERT JAMES RUST  ROBERT DOWN 1	8 Year 68 7:35 <sub>M</sub>
3. SI	ROBERT CAMPS ROST  S. DATE OF BIRTH 6. AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.
	SIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED BALTIMORE	Md.
E	BALTIMORE MD. GREATER BALTO., MED CEN WIFE, FOR WORK OF WORK OF COMPERCED BALTO.	12b. KIND OF BUSINESS OR INDUSTRY
adm	USUAL RESIDENCE, (Where deceased lived, if institution: Residence before issian) STATE MARYLAND 13b. COUNTY DALTIMORE TOWSON YES NO 508 FAIRMOUNT	T AVENUE
	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle  ROBERT RUST THERESA MULLEN	Last
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT FAMILY RECORDS Address	
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF  (c)	APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
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MEDICAL CERTIFI	YES NO   21a. ACCIDENT WAS UNDERLYING ☐ CAUSE OF DEATH ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ HOUR A.M. Month Day Year ☐ P.M. 19	18.)
WEI	21d. INJURY OCCURRED While Not while of work  Not work	aunty State
	saw the deceosed alive an19	
	22b. SIGNATURE  DEGREE PHYS. DIRECTOR STAFF 9,  22d. PHYSICIAN'S  DEGREE PHYS. DIRECTOR PHYS. 9,	E SIGNED /18/68
22.	NAME (Type) WM YEH  BURJAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (  REMOVAL/36 6-60/V) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (23d. LOCATION (City or Town) (	Caunty) (State)

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- (4)	1 D	CEASED-NAME First		Middle	Last		DATE OF DEATH	120.	2b. HOUR
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n 2 illec	10. 0	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR INSTI	TUTION (If nat in haspital		PATION (Kind af wark dane	12b. KIND OF B	USINESS OR
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dany dany	14.	ATHER'S NAME First	Middle	Last	IS. MOTHER'S MA	IDEN NAME First	Middle		Last
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cion cion and		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b	. SOCIAL SECURITY NO	. 17. INFORMANT		Address		
fice pl al,	1	es, na, ar unknawn) (if yes give	war or dates of service)	-	Summit N	Jursing Ho	me, 98 Smithw	ood Ave.	300
ph hen hen		10 CAUCE OF DEATH /C.	1	( ) (() ) (())				APPROXIMA	ATE INTERVAL
th of ing		18. CAUSE OF DEATH (Enter a PART I. DEATH WAS CAUSI	D BY:	7 //	. 6 1.	1		BETWEEN ONS	SET AND DEATH
de mit			ATE CAUSE (a)	ulmone	my como	vias		6 1	ones
aff per ian,		7/27	DUE TO, OR AS A	CONSEQUENCE OF	6111				~ /
t the sit and	3.0	Canditians, if any, which gave rise to immediate cause (a),	(b) F	raclus	10/4	1		300	Uno
tha by ran		stating the underlying cause	DUE TO, OR AS A	CONSEQUENCE OF		1 /-		sever	1/1100
sicic ed al-t		last.	(c)	15001)	+ sen	rlily		-	900
: The law requires that the death certifi or attending physician. e has been signed by the attending phy use as the burial-transit permit. Then alth priar ta burial, crematian, ar remava		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART 1(a)		
ng ng sh sa ta k	2	4221	mone-						
law ndii bee s #	ATIO	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH O	PERATION WAS PERF	ORMED 20a. AUTOF	PSY?	20b. IF YES, WERE FINDINGS (	ONSIDERED IN CER	TIFYING
The atte	CERTIFICATION	none			YES	NO 📝	CAUSES OF DEATH?		
IAN: That all or at all or at for use Health	CERI	21a. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJ	URY			af injury in Part 1 ar Part 2,	Item 18.)	
fice PA	3	OR CONTRIBUTING CAUSE OF OE	TH HOUR A.M. M	anth Day Year		Children (Emoi Haiote	ar mjory m ran r ar ran z,	170111 10.)	
SICI Ispite ertiff eed to	MEDICAL	(If either, natify medical exam 21d. INJURY OCCURRED 21e	ner) P.M. PLACE OF INJURY (AT H	IOME FARM STREET FACTO	DV 1 016 10CATION CALL	D.F.D. No.	C:4 T	C	State
Page 4 may be retained by the haspital or attending physician.  • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached for use as the burial-transit permit. Then pleas shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and		While Nat while at wark	OFFI	IOME, FARM, STREET, FACTO CE BUILDING, ETC.	21f. LOCATION Street	t ar K.r.D. Na.	City or Tawn	Caunty	State
ATTENDING etained by the CTOR: After I should be dith the State			is hospital) attende	ed the deceased	from 19 am	0,196X,	to 27 Ben. 19	E. that (	(I) (we) last
d b d b d b d b		22a. I certify that (I) (the saw the deceased of	live on 22 &	ept 19	55, and that in (my	y)- <del>(our)</del> apinian d	leath accurred an the de	ate and haur a	nd fram the
a Barine Barine		causes stated abov	e, (I) ( <del>we</del> ) <del>(did</del> ) (did	naf) view the bo	dy after death.				
A ST		22b. SIGNATURE	1111	00	ND ATTENDIN	G MED.	STAFF 22c.	DATE SIGNED	
OR Director		- MK/Jo	Rape	7,9	DEGREE PHYS.	G MED.	PHYS. D 2	3 Septeml	ber 68
AL CON FILE		22d. PHYSICIAN'S		0	22e. ADDF	RESS			
ER/ d b		NAME (Type) W. K	Gallager,	Jr., M.I	6630	0 Baltimo	re National P	ike 212	28
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	23a.	BURIAL, CREMATION, 23b.	DATE	23c. NAME OF CE	METERY OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)
o o je	B	REMOVAL (Specify)	9/25/68	New Cat	hedral		ltimore, Mary	,	
VR A15 (A)	24.	FUNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY REGIS	TRAR 2Sb. REGISTRAR'S		
30M REV. 1) 68	W	itzke, 4101 Ed	mondson Ave	21229	lides and	DATISEP 2 4	1968 Julia	was find	-

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7		12687	DIVISION OF VITAL RECORD	CERTIFICATE OF DE		21201 12697
	I. DEC		rst Middle Lise Fisher	Sadtler	2a. DATE OF DEATH 9 Man	114 Day 68 Year 3:15a m
	3. SEX	Female	4. RACE Cau	S. DATE OF BIRTH 6-11-1:		(In years I FUNDER 1 YEAR IF UNDER 24 HRS. rthdoy) MDNTHS DAYS HDURS MIN. YRS.
	7o. Bl	IRTHPLACE (State or foreign lay)  BALTO	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH  BA	Lto, Md Md.
	10. CI	BALTO MD .		INSTITUTION (If not in hospital alto. Med. Cent	2a. USUAL OCCUPATION (Kind of uring mast of working life, ever	
		JSUAL RESIDENCE (Where decision) STATE	ceased lived, if institution: Residence before 13b. COUNTY		SIDE CITY LIMITS? 13e. STREET AND 14509	NUMBER Liberty HistsAve
	16a.	WAS DECEASED EVER IN U.S. As, no, or unknown) (14 yes 9)	Middle Lost  ARMED FORCES?  give war or dates of service)  ARMED FORCES?	Aut .	NAME First FISHER	Middle Last
	T	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	r anly one cause per line far (a), (b), and	Emma F.	JANTLER -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Canditians, if any, which gavise ta immediate cause (a stating the underlying coulest.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	DF		4 4 600
	N	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART	T 1(a)
(	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERATION WAS	YES _	NO CAUSES OF DEAT	
	AL	21a. ACCIDENT WAS UNDERL ☐ DR CONTRIBUTING ☐ CAUSE OF (If either, natify medical exc	DEATH HOUR A.M. Month Day Ye aminer) P.M.	or 19	D (Enter nature of injury in Part	1 ar Part 2, Item 18.)
		21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.			Caunty State
		22a. I certify that (I) saw the deceased causes stated abo	(টাইটেব্যুটারে) attended the deced d alive an <u>9/14</u> ave, (I) (ঋ) (did) (ঋটাইটা) view th	ased fram <u>8/1</u> _15 <u>8</u> , and that in (my) (a ne bady after death.	., 1% <u>68</u> , ta <u>9/14</u> &) apinian death accurred	, 19 <u>68</u> , that (I) ( <b>%</b> e) last d an the date and haur and fram the
		22b. SIGNATURE .	Cos aling MD	DEGREE PHYS.	MED. STAFF PHYS.	22c. DATE SIGNED 9-14-68
1		22d. PHYSICIAN'S NAME (Type) D • C	Coralis	22e. ADDRESS GBMC	6701N.Charle	s St.
- 16	23a	BURIAL, CREMATION, 23	3b DATE 23c. NAME (	OF CEMETERY OR CREMATORY	23d. LOCATION (City of	r Town) (County) (State)
	1	FUNERAL DIRECTOR	0 .7 /0-1	RAINE (emet	RECO BY REGISTRAR 256.	REGISTRAR'S SIGNATURE

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MAKYLAND STATE DEPARTMENT OF HEALTH 12683 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 2698 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR cate be executed within 24 haurs after deoth (Type ar print) Walter 12:10PN EUGENE in by the funders. Pages 1 c 3. SEX 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS signed by the ottending phystriam ond completely filled in by the fur burial-tronsit permit. Then please remove corbon papers. Pages 1 burial, cremation, or remaval, ond in ony event, within 72 hours after 4 RACE S. DATE OF BIRTH male lost birthday) MONTHS HOURS 1913 Oct. 19 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Baltimore Baltimore Mik 4.5 DIVORCED | WIDOWED | completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH during most of working life, even if retired.) INDUSTRY give street oddress) omputer Tragramer 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmissian) STATE 13b. COUNTY Balto md Arm Wagon Wheel YES [ NO X Middle 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Lost Foxwe Sanders Fligabeth doseb 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) (If yes give war or dates of service) 212-03-093 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cert APPROXIMATE INTERVAL BETWEEN ONSET AND DEATI 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Recto Sigmoid Carcinoma DUE TO. OR AS A CONSEQUENCE OF 18 mos Conditions, if any, which gave) 10 belvis etc rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the haspital or attending physicion. stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES [ NO 🗌 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from council by 1968, to Sept. 17, 1968, that (1) (we) lost saw the deceased alive an Sept. 17, 1968, and that in (my) (our) apinian death accurred on the date and hour and from the causes stoted above. (1) (we) (did (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. PY1, 7) MED. STAFF andler M. DOEGREE Sebt. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Caroline 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) PURIAL CREMATION 23b. DATE (County) .REMOVAL (Specify) 4.7Md. WATOMY BORES 2Sb. REGISTRAR'S SIGNATURE VR A15 24. FUNERAL DIRECTOR 1968

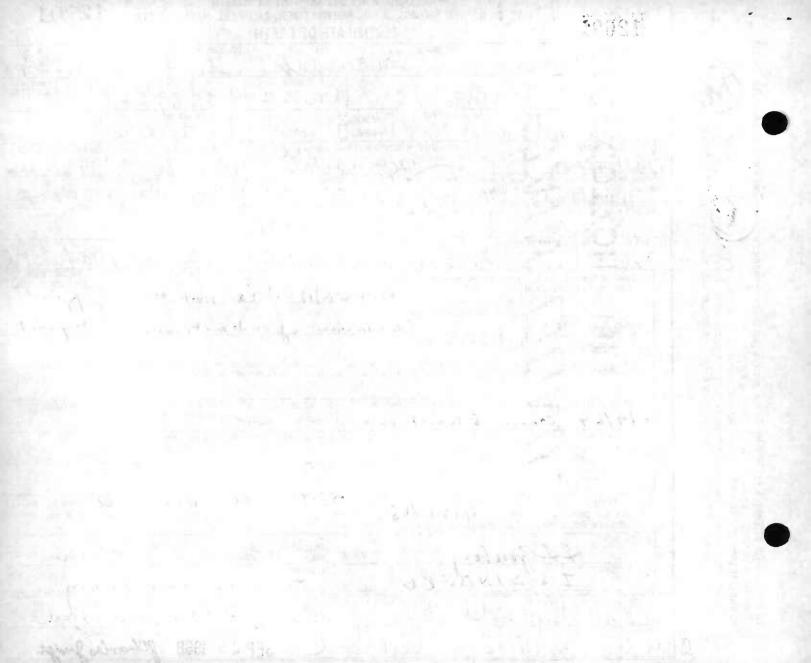
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	1	MAKILAND STATE DEPARTMENT OF HEALTH
. ` ]		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12701
-/		1269% CERTIFICATE OF DEATH
~ .	1 D	ECEASED-NAME First Middle () / Lost 2a. DATE OF DEATH 2b. HOUR
deoth.		Type or print) ama Schunck Sent 22 (896837 M
a (\$1.5)	3. 5	EX. 4. RACE 5. DATE OF BIRTH 6. AGE (In years I F UNDER 1 YEAR IF UNDER 24 HRS.
# # # # # # # # # # # # # # # # # # #	1	emale White Dec 22, 1900 Griffday) YRS. MONTHS DAYS HOURS MIN.
hour hour rs.	70. cou	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  ONLY  WIDOWED DIVORCED Md.
nin 24 filled ii paper thin 72	100	
executed within 24 hours after articoppletely filled in by the formace corban papers. (ago to any event, within 72 hour center.)	0	OCCUPATION (Kind of work done give street oddress) 3209 Marylan during most of working life, even if refired.)
uted with		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13. CITY OR TOWN) 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. (DIVIDENCE) 13b. (DIVIDENCE) 13c. STREET AND NUMBER 12C 12C 12MITS? 13c. STREET AND NUMBER 12C
execute on any eve		
ond in any	14.	FATHER'S NAME First Middle Slost IS. MOTHER'S MAIDEN HAME First Middle Lost
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or ottending physician.  SIRECTOR: After this certificate has been signed by the attending physicity e. 3 should be detached for use as the buriol-transit permit. Then pleased with the State Dept. of Health prior to burial, cremotian, or removal, and	160	1. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Ses, no, or unknown) (If yes give war ar dates of service) 13-34-2148. Samuel Schunck -3209 Maylair Rd
ng p The		1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
endi mit.		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0)  921 calized Carinsmatosis
he aff per per tian,		Conditions, if any, which gove)  (b)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove)  (b)  Carcine a diendomotrium  Tykano
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es the siciar ed by ol-tro		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF (c)
equires 1 physicia signed b burial-tr burial, c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing sen the	8	172×
tend tend as be os os prio	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The or offer of the hase of alth position of the position of t	ERTIF	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 1B.)
ICIAN oital of tificot d for of He	MEDICAL (	☐ OR CONTRIBUTING ☐ CAUSE OF DEATH HOUR A.M. Month Day Year  [If either, notify medical examiner) P.M. 19
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific Page 4 may be retained by the hospital or ottending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the buriol-transit permit. Then poshould be filled with the State Dept. of Health prior to burial, crematian, or removal,	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State at wark at wark
by t offer offer be of State	12	22a. I certify that (I) (this hospital) attended the deceased fram 1, 19, 66, ta 9, 19, 19, 67, that (I) (we) lost saw the deceased glive an 9, 2, and that in (my) (our) opinion death occurred on the date and haur and from the
TENI ined ould the		saw the deceased alive an, and that in (my) (our) opinion death occurred on the date and haur and from the causes stated obave, (I) (we) (did) (did nat) view the body after death.
retor With with		22b. SIGNATURE  ATTENDING  DEGREE  PHYS.  DIRECTOR  PHYS.  22c. DATE SIGNED  27/24/61
DIR DIR		22d. PHYSICIAN'S  DEGREE PHYS. DIRECTOR PHYS. 7/24/61  22e. ADDRESS
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be should be filed with the State		NAME (Type) I SUZINBEK6 YOUO W. NOVER L-n Ykway
HOS nge 4 FUN recto	230	BURIAL CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City of Town) (County)
5 5 5 5 4 V	h	3REMOVALISDECTOR Sept 25 68 Outh Thich Woodlacon, Md.  FUNERAL/DIRECTOR 250, REC'D BY REGISTRAR 250, REGISTRAR'S SIGNATURE
VR A15 (4) 30M REV. 136	10	FUNERALDIRECTOR  ELLUNGO 9 PURE - 6010 Rever Road DATE SEP 2 6 1968 Clientes Junge
	TL	MINING THE TOTAL TOTAL THE SEL NO 1000



1 1	MARYLAND STATE DEPARTMENT OF HEALTH  1260 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12702
	1269 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12702  CERTIFICATE OF DEATH
funeral and 2 and 2 death.	DECEASED-NAME First Grant J. Schwarting 20 DATE OF DEATH Sept. Month 7 Doy 68 Year 9 A. M
	1. SEX AGE White S. DATE OF BIRTH January 30, 1892 6. AGE (In years lift UNDER 14 ARS. HOURS MIN. PRS. White
"	76. CITIZEN OF WHAT COUNTRY?  USA  8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   Baltimore Md.
.00	10. CITY OR TOWN OF DEATH  Reisterstown  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  12. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)
03	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before demission) STATE Ma. 13b. COUNTY Balto. Reistenstournes No 30 Main Street
/ 1	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Schwarting Anna Dutler
1	160. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no or unknown) (If yes graphwar or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT  219-07-2198 Mr. William B. Schwarting Sykesville, Md.
	PART I. DEATH WAS CAUSED BY:  H/O 9  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)
2	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21c. ACCIDENT WAS UNDERLYING, 23b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
	G   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Doy Yeor   19
	While Not while of the part will be at week of the part we
	220. I certify that (I) (this hospital) attended the deceased from, 1500, to, 1960, that (I) (we) last sow the deceased alive on, 1960, and that in (my) (ear) opinion death occurred on the date and hour and from the coorses stated above, (I) (we) (aid) (did not) view the bady after death.
	22b. SIGNATURE  DEGREE ATTENDING MED. STAFF SIGNED  22c. DATE SIGNED  DIRECTOR PHYS.
	22d. PHYSICIAN'S NAME (Type La Mes A - Sallel MD 220. ADDRESS TENSTONER.
2	1. 24/20 12 - 24/41 1 1 CO 10 10 11 11
M	230. BURIAL CREMATION, BREMONAL GOPCIFY Sept. 10, 68 23c, NAME OF CREMETERY OR CREMATORY Picesville, Md.  24. FUNERAL DIRECTOR  ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR 3 SIGNATURE

DA LOUR BOOK STATE OF THE STATE the state of the s patholic and the second 

FOR STATE	12693 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12703
HEALTH DEPT.  □ □ □ □ □	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month OF ESTI-DEATH MATED Sept.	
any deloy is 2, and 3 ta PM3. Page	3. SEX Male  4. RACE Jan. 24, 1898  6. AGE (In years let under 1 year if under 24 Hrs. let under 24 Hr	Yeor 19 68 3 4
Par Gold	70. BIRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   Country) Maryland   U.S.A.   WIDOWED X DIVORCED   Baltimore	M
_ > =	Bowleys Quarters give street oddress 294 Cold Spring Rd. during most of working life even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
5 € 5 × 3 8 2/	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNTY Baltimore YES X NO 3440 Elmora At	7e.
24 hours in Item 18 r's Office es 10 de 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle William Schweikart Laura Tiemann	Last
tould be executed within 24 ward "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours	166. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Elmer J. Schweikart, 294 Cold Spr	
executed nating" in Medical E permit. F	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  IMMEDIATE CAUSE (o)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed the period	Conditions, if any, which gove rise to immediate couse (a), (b)	
e should be e he ward "pel to the Chief burial-transit d in any ever	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
is certificate she for writing the farwarded to the used as a but remayal, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED-TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate should cate, writing the ward be farwarded to the Ch be used as a burial-transor remayal, and in any	19a. DATE OF OPERATION  19b. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY, Manyh, Day, Yeor  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2. Item	20. AUTOPSY?  YES NO Z
<b>進</b> 平	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M.	n 18.)
	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  21e. PLACE OF INJURY (At home, form, street, factory, affice building, etc.)  21f. LOCATION Street or R.F.D. No. City or Town	County Stote
se executor. Pared for ECTOR: I burial,	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection Inquiry death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apiniar
ol direction to retain	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226. DATE S	GNED /
TO DEPUTY necessary, pure funeral s may be r TO FUNERAL Health price	EXAMINER'S NAME (Type)  M.B. Davis, M.D. — 6800 M. ADRESS SHEET, St. 10-10-10-10-10-10-10-10-10-10-10-10-10-1	16/68 Md
5 s t 2 5 t	230. BURIAL (REMATION, REMOVAL (Specify) Burial 9/27/68 Baltimore Cemetery Baltimore, Md.	(County) (State)
VR A15ME (5) 10M REV, 1/68	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE

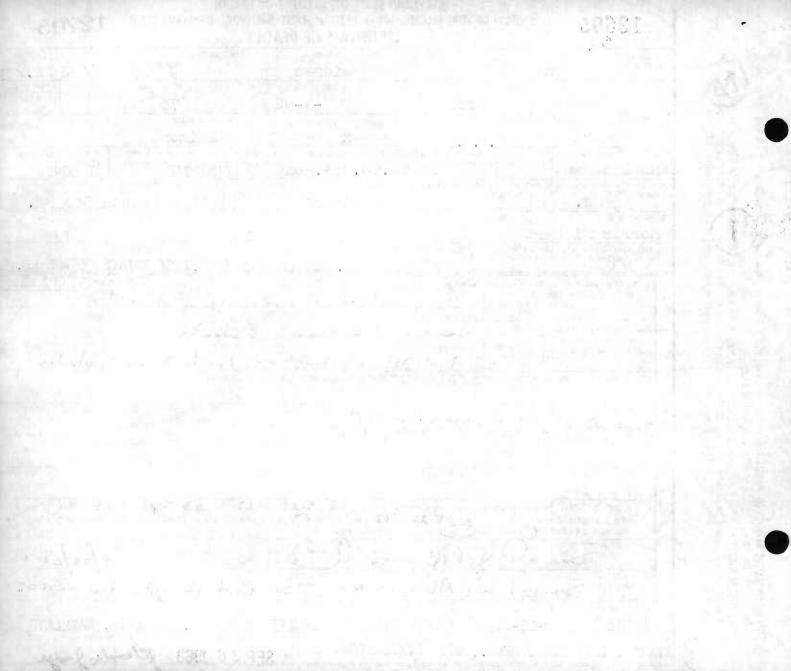
MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12694 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First last ... 2a. DATE OF DEATH 2b. HOUR 24 haurs ofter death (Type ar print) SEDERS. GORMAN L. :55am S. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 4. RACE 6. AGE (In years last birthdoy) Male 2-14-1898 Cauc 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED country) Baltimore Co. Maryland U. S. A. WIDOWED | DIVORCED within 72 filled 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give steet nddress TOWSON, MD. 21204 Marketing Mgr. C&FTelephoneCo The law requires that the death certificate be executed within carbon Towson completely burial, crematian, ar removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 2 OIB4 INSIDE CITY LIMITS? admission) STATEMaryland 13b. COUNTY Balto 6012 Huntridge Road remove 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First First Last Lost John Seders Ella Hemp physicient en please 16b. SOCIAL SECURITY NO. 17. INFORMANT 7709 RiderHill 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes no, or unknown) (If yes give war or dates of service) 212-10-0873 C.C. Haley, Jr. (son-in-law) Rd . Ruxton . Md 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY CORONARY THROMBOSIS hr IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) ARTERIOSCLEROSIS burial-tronsit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) detached far use as the te Dept. af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 NO K O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Port 2, Item 1B.) 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year D.O.A 9 01 1968

(AT HOMF, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. (If either, notify medical examiner) P.M. directar, page 3 shauld be detached should be filed with the State Dept. 21e. PLACE OF INJURY 21d. INJURY OCCURRED City or Town While Not while at work home 6012 Huntridge Road, Balto, Md. 21210 22a. I certify that (I) (this hospital) attended the deceased from Ulua 20, 1968, ta 196 , that (1) (we) last 195 8, and that (h (my) (our) opinion death accurred an the date and have and from the saw the deceased alive an\_\_\_\_ causes stated abave, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S Dr. William Yeh NAME (Type) M.D. G.B.M.C. 6701 N. Charles St 21204 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Tawn) (State) (County) 23o. BURIAL, CREMATION, Burial (Specify) Ritchie Hwy.A.A.Co., Md. /68 Cedar Hill 25a. REC'D BY REGISTRAR Co REGISTRAR'S SIGNATURE & Sons VR A15 (4) 30M REV. 1768

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 12697 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12707 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b. HOUR and 2 death. 24 haurs after death uneral (Type or print) 12p M BINA B. SHEPARD 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Female 5-9-1898 Cauc 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Baltimore Co. WIDOWED | DIVORCED X U.S.A. filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR INDUSTRY Home give street oddress) during most of working life even it etired.) Towson GBMC Towson, Md. event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmission) STATE Maryland 196. COUNTY Baltimore YES X NO [ 4132 Westview Road remave and in any 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle and Adam Ballentine Margaret requires that the death certificate be Galloway physician a 16g. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address burial, crematian, ar remaval, Hugh B. Shepard, 8412 Macauley Ct., Balto.Md. ----214-22-1336 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Ruptured aortic aneurysm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) signed by the burial-transit (b) Generalized arteriosclerosis rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Arteriosclesotic heart disease/Myocard-CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar tall ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Nat while at wark 22a. I **certify** that (I) (this hospital) attended the deceased from 09-03 , 1968 , ta 09-07 , 1968 , that (I) (we) last saw the deceased alive an 09-07 , 1968 , and that in (my) (60) apinian death accurred an the date and haur and from the be retained causes stated above, (1) (xex (did) (didxot) view the bady after death. 22b. SIGNATURE ATTENDING STAFF DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) D. Coralis GBMC 6701 N.Charles St. Balto.md. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23o. BURIAL CREMATION. (County) Burial (Specify) \$ept. 11, 1968 Dulaney Valley Mem. Gar. | Coekeysville, Maryland 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1050 York Road Towson, Maryland 21204 DAISEP 10 Wm. Wook-Brooks Towson, Ochanles Judge 1968 30M REV. 1×68

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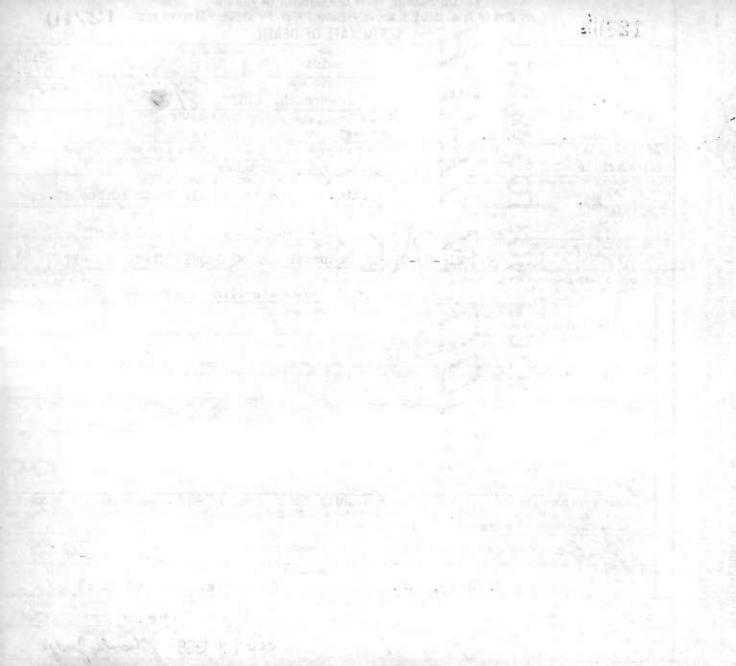
		MARYLAND STATE DEPARTMENT OF HEALTH		
		12698 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2708	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	~100	
HEALTH DEPT	1 D	DEFEASED-NAME First Middle Lost 2- DATE MIDWAY Hands	Day Vess 12h	HOUD
		Type or Print) On Apply Le Land Sidaway	768 Year 2b.	HUUK
is to eg/		DEATH MAILED	19	M
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de de man		Male White 10/26/67 - YRS 70 29 100 Min Month 294	Yeor 1968 7	AM
any delay is 2, and 3 ta PM3. Page	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	.,   /	- In
- E 0				
Pages 1, 2, and the farm PM3; with farm PM3; state Departm	10	more and		Md
Page Pright ith Sta			12b. KIND OF BUSINESS	OR
9 2 00	H	Valthorpe give street address numerical Ave. during history that king life, even if retired.)	NDUSTRY None	
Solven So	130.	USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1 1	
So death.	0	Idmission) STATE Maryland 36. (OUN Baltimore Halthorpe YES NO K) 2029 Monumente	al Ave.	
id 2	14 8	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last	
I hauft Item Office I and 2	1	4. 4.4	Last	
24 in lin ler's les les l				
hin 24 ncil in niner's pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  ADDRESS		
vith am am	1	(Hyspine war or dates of service) None Robert Sidaway Same as # 13		
INER: This certificate shauld be executed within 24 hau's-after death he certificate, writing the word "pending" in pencil in Item 26. Give Pags shauld be farwarded to the Chief Medical Examiner's Office along with files.  3 should be used as a burial-transit permit. File pages land 2 with the Standtian, ar removal, and in any event within 72 haurs after death.		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERV	VAL
ithii all ithi		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND O	DEATH
din din w		17 5 8 9 IMMEDIATE CAUSE (a) Congenital Heart Defeat.	11 mon	2 Char
F M F M ent	177	DUE TO, OR AS A CONSEQUENCE OF		
hier hier		Conditions, if ony, which gave rise to immediate cause (a), (b)	Contract Con	
brd ord		Islating the underlying couse Due To, OR AS A CONSEQUENCE OF		
shau a the ouria		last.	Acres and the	
ta ta	133	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	1	
tate significant to the significant tage of the significant tage.		FACE 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d)		
tifi ord ord	8	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Tea transcere	
wirw will work	R	19°a. DATE OF OPERATION  19°b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?	
ter rer	CERTIFICATION			0 🗆
4 0	9	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	n 18.)	
renti certi sauld les. shou rian,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19		
Sho sho sho at i	WED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County	State
th th 44 44 44 44 44 44 44 44 44 44 44 44 44		WHILE NOT WHILE factory, office building, etc.)		
		AT WORK AT WORK		
ICAL Estator Page ed for CTOR: Purial,		22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry,	and in my ap	pinian
b de to		death resulted fram: Natural causes 4, Accident 1, Suicide 1, Hamicide 1, Undetermined manner		
please direct direct DIRECT ar to t		CHIEF MEDICAL EXAMINER		
Try please or retain RAL DIRE priar to			IGNED	
NTY, iny, be be print		DEDUTY MEDICAL FUNDING TO 9/2	4768	
For the Property of the Proper	-0			
o DEPUTY  necessary, please er the funeral director. 5 may be retained o FUNERAL DIRECTOR Health priar to bu	-			
10 th	230	PEMOVAL 7 Spaciful	(County) (State)	
		Burial 9/25/68 Lorraine Park Woodlawn Balt	to. Maryle	and
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG		
VR A15ME (S)		John T. Stansbury 6411 Windson Mill Rd. DATE SEP 2 5 1968 yours	las Judge	
CON KEY. 1490	-	J. 31 2 1300 F		

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1 2	Ito	ems 18-22a Film 405 MARYLAND STATE DEPA -7-68 amspivision of vital records, 301 W. Preston	RTMENT OF HEALTH STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12699 MEDICAL EXAMINER'S CE		12700
HEALTH DEPT.	(	ECEASED-NAME First Middle Type ar Print) ROBERT EDWARD	SIES  20. DATE KNOWN Month of ESTI- DEATH MATED Sept.	Day Year 2b. HOUR 2:15
y delay is 2, and 3 to PM3. Page	3. S	Male White March 7, 1928 6. AGE (in years lay birthday) 40 YRS.	IF UNDER 1 YEAR   1F UNDER 24 HRS.   2c. DATE PRONOUNCED DEAD   Months   OAYS   HOURS   MIN.   Month   Sept.   Doy   16	2d. HOUR
n, 2, m P		BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MAR	RRIED NEVER MARRIED 9. COUNTY OF DEATH  DIVORCED Baltimore	
ond 2 with the State De	10. (	TITY OR TOWN OF DEATH Parkton  11. NAME OF HOSPITAL OR INSTITUTION  give street address) Beckleyvi	(If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 1 during materials)	12b. KIND OF BUSINESS OR INDUSTRY
Se K. Seo	13a.	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY		
C = 0 // = 0	-	ATHER'S NAME First Middle Lost Edward Sies	IS. MOTHER'S MAIDEN NAME First Middle  Mary Warner	Last
within 24 pencil in xamineds ile pages 72 haurs	16a.	(As no or unknown) (If was nive wor or dates of senare)	7. INFORMANT ADDRESS Clara Sies Rt 3 Westminster, M	id.
uted w g" in p ical Exc mit. File		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carbon mono		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in ite Medical E nusit permit. F event within		DUE TO, OR AS A CONSEQUENCE OF	AIG INCONTOGUION	F44
		rise to immediate cause (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
0 0 0 0		(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED T	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	CERTIFICATION	190. DATE OF OPERATION  19b. CONDITION FOR WHICH OPER WAS PERFORMED?	RATION	20. AUTOPSY?  YES 🔀 NO
Thi ficati l be or r		21a. EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING Unknown Sept. ? 26 68	1c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Iten Asphyxiated in car	
S file N	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street,	1f. LOCATION Street or R.F.D. No. City or Town  Seckleysville Rd. Bal	County Stote
ICAL EXA execute for. Page ed for you CTOR: Page burial, cre	1	220. I certify that I took charge of the remains described above	e, held on Autopsy 🔀, Inspection 🔲, Inquiry 🔲,	ond in my opinion
please e l director retained L DIRECT		death resulted from: Notural couses ☐, Accident ☒,	Suicide, Homicide, Undetermined monner	
RA Pr		SIGNATURE RONALD N. Kornblum, M.D.	M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI DEPUTY MEDICAL EXAMINER Septemb	er 17,1968
necessary, the funera 5 may be 10 FUNERA Health pr	23a	NAME (Type)  BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY	ADDRESS(Street, city, tawn, or county)	(County) (Stote)
1		Buria (pecify) Sept.19,1968 Baltimore	National Cem. Baltimore City,	Md.
VR A15ME (5)		FUNERAL DIRECTOR  ipton - Eline Funeral Home Hampstead,	Md. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	Cer Quesas

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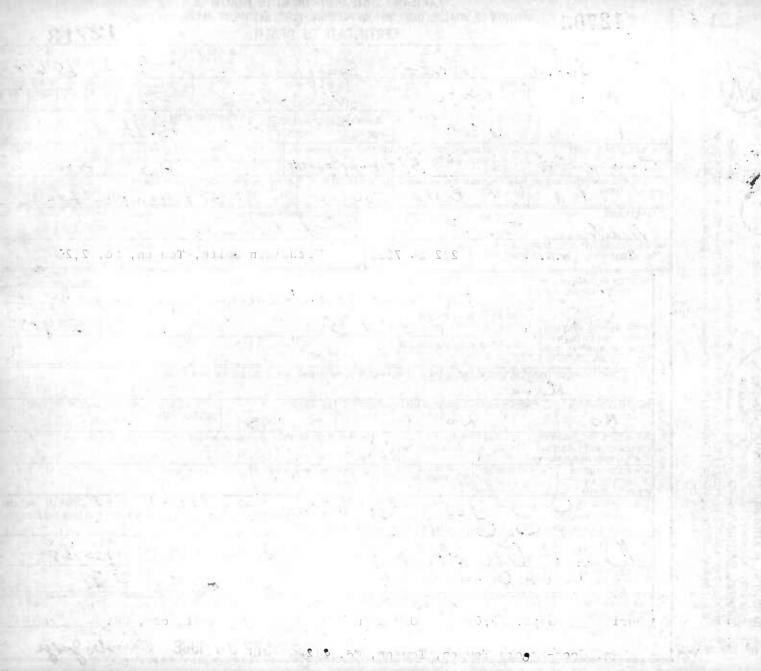
		CEASED-NAME Firs	t Middle bhn Henry		last midt	2a. DATE OF D	Manth De	oy Year	3:48
	3. SE		4. RACE white	S. Di	ATE OF BIRTH June 24, 18		Sept. 1( b. AGE (In years tast bland) YRS	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	7a. B	IRTHPLACE (State or foreign try)  Czecho.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NI		9. COUNTY OF D	EATH	2.1	Md.
	Ca	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street oddress) SPRING GROVI	STATE F	OSP during m	AL OCCUPATION (Kast of warking lif	(ind of work done e, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
1	13o. admi	USUAL RESIDENCE (Where decersion) STATE	ased lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TOW Balto	N 13d. INSIDE CITY L		FT AND NUMBER  South I	Furrow S	t.
+	16a.	WAS DECEASED EVER IN U.S. AI	Middle Lost  AC A	40.   17. INFOR	THER'S MAIDEN NAME I CATHER MANT Cords: SPRI	INE (	Middle  SPASS  Address  E STATE	NER HOSPITA	Last A.T.
F	NO	PART 1. DEATH WAS CAUS IMMED Conditions, if only, which governise to immediate couse (a) stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT COUNTY (COUNTY)	DUE TO, OR AS A CONSEQUENCE OF  (b)  OUE TO, OR AS A CONSEQUENCE OF  (c)  ONDITIONS CONTRIBUTING TO DEATH BUT NO	to the	bones TERMINAL DISEASE OR	CONDITION GIVEN I	IN PART 1(o)		
1	CERTIFICATION		b. CONDITION FOR WHICH OPERATION WAS PE		YES K NO	CAUSES O	ES, WERE FINDINGS OF DEATH?		RTIFYING
	₹	21o. ACCIDENT WAS UNDERLY  ☐ OR CONTRIBUTING ☐ CAUSE OF DE  (If either, notify medical exam	ATH HOUR A.M. Manth Day Year		JURY OCCURRED (Ente				
MED		at work at work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FAC				ot. 10 1	County	State (1) XXX(a) lost
		saw the deceased causes stated above	his hospital) attended the decease alive on <u>Sept 10</u> 1 ve, (I) (ve) (tipt) (did nat) view the	968, ond the body after deot	h.			c. DATE SIGNED	
		22b. SIGNATURE	Manylas	DEGREE	PHYS.	DIRECTOR L	PHYS.	9-11-68	
		22d. PHYSICIAN'S NAME (Type) And	thony J. Young, M.D.		PHYS. U [ 22e. ADDRESS SP] Bal	RING GRO	VE STATE Maryland	HOSPIT	

MAKTLAND STATE DEPARTMENT OF HEALTH



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exerting a		12703	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	
230		200000		CERTIFICATE OF DEATH		12713
1.		EASED-NAME First	Middle	Last	20. DATE OF DEATH	2b. HOUR
	(1)	pe or print) John	1 frmiz	Smith	Month 9	DOY 2 7 YOU'S 615 M
3	. SEX	Male	4. RACE white	S. DATE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	o. Bil	RTHPLACE (Stote or foreign y)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED UVORCED DIVORCED	9. COUNTY OF DEATH	Go Co. Md
		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	NSTITUTION (If not in haspital 12a. US	SUAL OCCUPATION (Kind of work dor most of warking life, even if retired	12b. KIND OF BUSINESS OR INDUSTRY
03	30. U dmiss	SUAL RESIDENCE (Where deceo-	ied lived, if institution: Residence before 13b. COUNTY		Y LIMITS? 13e. STREET AND NUMBER NO \( \sqrt{37} \)	opon Lone
1	4. FA	THER'S NAME - First	Middle Lost	15. MOTHER'S MAIDEN NAME	Middle Middle	Lost
1		VAS DECEASED EVER IN U.S. ARI	MED FORCES?  vd oldates of service)  16b. SOCIAL SECURITY 212 34	700. 17. INFORMANT Kathalee	n Smith, Towson,	Md. 21204
	1	8. CAUSE OF DEATH (Enter or	ly one couse per line for (a), (b), and (			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	4	PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) My Dea	1 1 - 1	tion	The
		4109	DUE TO, OR AS A CONSEQUENCE O			
		onditions, if ony, which gove	(b) AS	CVD		5 yr.
		ise ta immediote couse (a), toting the underlying couse(	DUE TO, OR AS A CONSEQUENCE O	F	Print district	
	1	ast.	(c)			
		PART 2. OTHER SIGNIFICANT CO		NOT RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
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	CERTIFICATION	9a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I		CAUSES OF DEATHS	S CONSIDERED IN CERTIFYING
4	ES ,	To. ACCIDENT WAS UNDERLYIN		YES NO 1	DY 1	
	BOICAL	☐ OR CONTRIBUTING ☐ CAUSE OF DEA If either, notify medicol exomi	rH HOUR A.M. Month Day Yea ner) P.M.	19	nter nature of injury in Part 1 or Port	
		While Not while		(ACTORY.) 21f. LOCATION Street or R.F.D.		Caunty State
	1	22a. I certify that (1) (th	is haspital) attended the decea	sed fram 7/2 4 , 19 19 62, and that in (my) (aur) a	ley, to 9/27,	19 & , that (I) (we) last
		causes stated abave	(I) (we) (did) (did nat) view the	e bady after death.	ipinian aeath occurred on the	date and haur and from the
	1	2b. SIGNATURE	An		MED STAFF 2	2c. DATE SIGNED
		Whenh It	Veusler 1	DEGREE PHYS.	MED. STAFF PHYS.	9/28/68
1	. 2	2d. PHYSICIAN'S David	A. OURSLER, N	22e. ADDRESS	18 St. Paul 5	St.
2	30.		DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
				k Lawn	Baltimore, 1	
0 2	24. FI	UNERAL DIRECTOR	ADDRES		BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
IL.		Wm. Cook-E	reoks Towson. Tow	son. Md. 2120 LIDATE SE	Than 1900 Koo	carles Judge



. / T					STATE DEPART					
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						F DEATH	A D180 00 00		12	
- ['		EASED-NAME pe or print)	First	Middle	Lost		2a. DATE OF DE		Y CO Year	2b. HOUR
-		W:		onard Sm			9	20	68	11:15%
3	. SEX		4. RACE		S. DATE OF		6	AGE (In years	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
		Male	Caucas			10-1897		1K3.		
9	aunt	RTHPLACE (State or foreign ry) Md.	USA			VORCED		imore		Md.
1	U. UII	ry or town of Death	yland Great	of Hospital or Institet address) ater Bal	TUTION (If not in hospito	ol 120. USUAL during most	OCCUPATION (K	nd of work done , even if retired.)	INDUSTRY	BUSINESS OR tructio
Ī	30. L	JSUAL RESIDENCE (Where	deceased lived, if institution	Residence before 1	3c. CITY OR TOWN	13d. INSIDE CITY LIMIT	13e. STREE	T AND NUMBER	100110	01 40 010
0	dmis	sion) STATE Md.	136. COUNTY		Balto.	YES NO	334	Broadmo	or Rd	
	-	THER'S NAME First	Middle	Lost	IS. MOTHER'S	MAIDEN NAME Firs		Middle		Lost
		Willi	lam H.	Smith		Anna	l	R.	Wa	rner
h	6a. \	WAS DECEASED EVER IN U.	S. ARMED FORCES?	b. SOCIAL SECURITY NO	. 17. INFORMANT			Address		
	Ye	s no, or unknown) (If ye	es give war or dates of service)	772-01-1	603 Heler	R. Smi	th	Above		
F	1		ter only ane cause per line					11007	APPROXI	MATE INTERVAL
ı		PART I DEATH WAS (	CALISED RY-	ardiac A:	rragt				BETWEEN C	ONSET AND DEATH
1		441	meditie Glose (G)		rreac	-				
1		Conditions, if any, which		CONSEQUENCE OF	Aortic A	N neu ruch	n		12000	
		rise ta immediate couse	(a),(		AOI CIC A	Ancurysi				
		stoting the underlying colors.	(c) AS	CONSEQUENCE OF						
1	13		T CONDITIONS CONTRIBUTION		DELATED TO THE TERM	INAL DISTASE OD COL	IDITION CIVEN II	DADT 1/ 1		
		451X				INAL DISEASE OR COM				
1	CERTIFICATION	9a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED 20a. Al	UTOPSY?	20b. IF YE	S, WERE FINDINGS (	ONSIDERED IN C	ERTIFYING
1		9/28/68	Ruptured A	Aortic A			CAUSES OI			
		10. ACCIDENT WAS UNDE	RLYING 21b. TIME OF IN		21c. HOW INJURY	OCCURRED (Enter n	ature of injury i	n Part 1 or Part 2,	Item 18.)	
	MEDICAL	or contributing Cause If either, notify medical e	OF DEATH HOUR A.M.	Month Day Yeor						
I	E	21d. INJURY OCCURRED While Not while of work	21e. PLACE OF INJURY (AT		RY.) 21f. LOCATION S	treet ar R.F.D. Na.	City or	Tawn	County	State
	1	22a. I certify that (2	(this haspital) attended alive an 9-28	led the deceased	from 9-28	, 19.68	3_, ta_9-2	28, 19	68 , that	(X (we) last
		saw the deceas	ed alive an 9-28	199	8, and that in	(My) (our) apini	an death occ	urred an the de	ate and haur	and from the
	Ŀ	causes stated a	bave, (I) (2003) (di	d nat) view the bo	dy after death.	11 -11-				
1	1	22b. SIGNATURE			ATTEN	NDING MED	)	TAFF 22c.	DATE SIGNED	
1		Let -	c. F. Nae	in	DEGREE PHYS.		ECTOR S	TAFF HYS. 💢 9	-29-68	
1	12	22d. PHYSICIAN'S NAME (Type)	7		22e. /	ADDRESS	M Ob-	nlog G	D = 1	
			aramarz Na			BMC 6701			c. Bal	to.Md.
2	3a.	BURIAL, CREMATION,	23b. DATE		METERY OR CREMATORY	Υ	23d. LOCATION		(County)	(State)
I	'n		10-2-68	Lorrain	ne Park		Balt			Md.
1 2		UNERAL DIRECTOR		ADDRESS		2Sa. REC'D BY		25b. REGISTRAR'S	SIGNATURE	
H	1.	W.Jenkins	& Sons Co.	4905 Yo:	rk Rd.Ba.	L TOATUUI.	1 1961	golia	may good	1

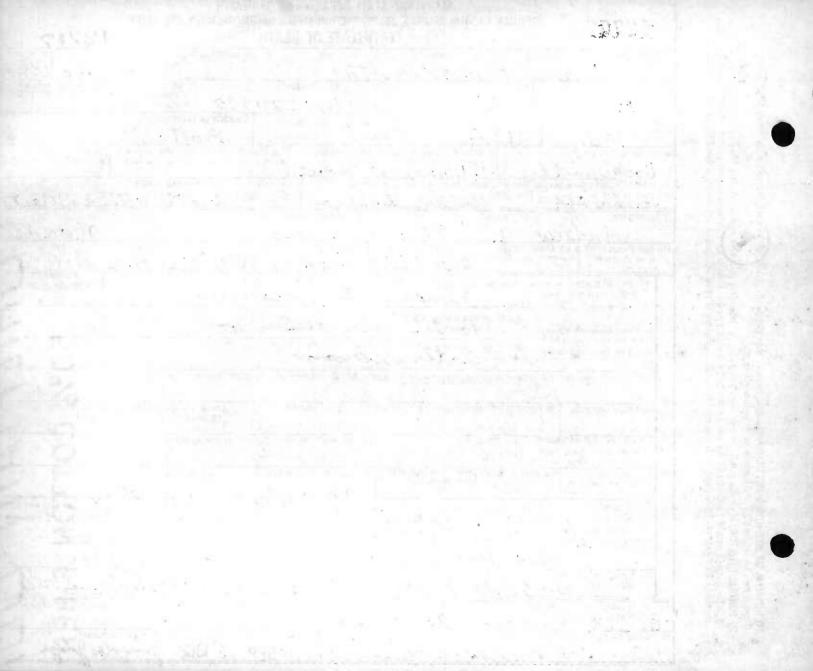
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- 1	l. DF	12705 CEASED-NAME First	Middle	CERTIFICA	TE OF DEATH	20. DATE OF DEATH	12715
- 1		vne or print)	nnie NMI	Sn	yder	Month	20Y Jees 8:05
ł	3. SE		4. RACE		. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Fe	emale	White		-	lost birthday) 78	RS. MONTHS DAYS HOURS MIN.
I	7a. 8	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9.	COUNTY OF DEATH	
ı		TY) LITHUANIA	U.S.A.	WIDOWED	DIVORCED [	Baltimore	County Md
5	Ra	ity or town of DEATH	11. NAME OF HOSPITAL OR give street oddress)  Balto Co	untv Ge	in hospitol 120. USUAL during most n. HOSP	OCCUPATION (Kind of work do t of working life, even if retire TAI	12b. KIND OF BUSINESS OR INDUSTRY LORING STORE
	13o. odmi	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence befo	Balto	OWN 13d. INSIDE CITY LIMIT YES NO	15?   13e. STREET AND NUMBER	
-	14. F	ATHER'S NAME First	Middle Lost		MOTHER'S MAIDEN NAME Firs		
		unknown			unknown	1	
1	160. Y	WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)  16b. SOCIAL SECURI	13 NO 4 1 0 9 INF	ORMANT	Address	
١		NO I		MR	S. BESSIE GLA	ASSMAN, 4000 F	ALLSTAFF RD #15
١		18. CAUSE OF DEATH (Enter of	nly one couse per line for (a), (b), and	(c).) O	0	1	BETWEEN ONSET AND DEATH
1	20	PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (0) and domes	nak	Carcinom	aloses	
-	-	1950	DUE TO, OR AS A CONSEQUENCE	OF			
1		Conditions, if any, which gove	(b)				
		rise to immediate couse (o), stating the underlying couse		OF			
-		lost.	(c)				THE PARTY OF THE P
П		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 1(a)	
-		1997					
	TION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN CERTIFYING
	CERTIFICATION				YES NO	CAUSES OF DEATH?	
	00	21o. ACCIDENT WAS UNDERLYI	NG 216. TIME OF INJURY	21c. HOV		noture of injury in Port 1 or Port	1.2. Item 18.)
		OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Month Doy Ye				
	A	(If either, notify medical exam	iner) P.M.	19	ATION Street or R.F.D. No.	City or Town	County State
		(If either, notify medical exam 21d. INJURY OCCURRED 21e While Not while	iner) P.M.	19	ATION Street or R.F.D. No.	City or Town	County State
		(If either, notify medical exom 21d. INJURY OCCURRED While Not while at work of work	iner) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY,) 21f. LOC			
		(If either, notify medical exam 21d. INJURY OCCURRED While of work 22a. I certify that (I) (the	iner) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  This haspital) attended the deceiptive on	pased framus	74 , 196 mat in (my) (aur) opini	8, to Sept 2,	19.68 , that (I) (we) las
		(If either, notify medical exam 21d. INJURY OCCURRED While of work 22a. I certify that (I) (the	iner) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  Anis haspital) attended the decei	pased framus	74 , 196 mat in (my) (aur) opini	8, to Sept 2,	19.68 , that (I) (we) las
		(If either, notify medical exam 21d. INJURY OCCURRED While on work 22a. I certify that (I) (the saw the deceased couses stated abov 22b. SIGNATURE	iner) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  This haspital) attended the decertaive on e, (I) (we) (did) (did nat) view the	pased fram 19, ond ne bady ofter de	that in (my) (aur) opini ath.	8, to Sept 2, ion death accurred on the	19.68 , that (I) (we) las
		(If either, notify medical exam 21d. INJURY OCCURRED While Not while at work 22a. I certify that (I) (the saw the deceased accourses stated above	iner) P.M.  PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  This haspital) attended the deceiptive on	pased framus	hat in (my) (aur) opini ath.	8, to Sept 2, ion deoth occurred on the	19 <u>68</u> , that (I) (we) lase date and hour and from the
		(If either, notify medical exam 21d. INJURY OCCURRED While on the while of twork  22a. I certify that (I) (It saw the deceased couses stated abov  22b. SIGNATURE  22d. PHYSICIAN 9	iner) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  This haspital) attended the decertaive on e, (I) (we) (did) (did not) view the control of the con	pased fram 19, ond ne bady ofter de	that in (my) (aur) opini ath.  ATTENDING MED PHYS. DIRI	8, to Sept 2, ion deoth occurred on the STAFF PHYS.	19 <u>68</u> , that (I) (we) lase date and hour and from the
		(If either, notify medical exam 21d. INJURY OCCURRED While on the while of twork  22a. I certify that (I) (It saw the deceased couses stated abov  22b. SIGNATURE  22d. PHYSICIAN 9	iner) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  This haspital) attended the decertaive on e, (I) (we) (did) (did nat) view the	pased fram 19, ond ne bady ofter de	hat in (my) (aur) opini ath.  ATTENDING	8, to Staff 2, ion deoth occurred on the STAFF PHYS.	19 <u>68</u> , that (I) (we) last date and hour and from the PTC. DATE SIGNED 9/2/68
	MEDICAL	(If either, notify medical exam 21d. INJURY OCCURRED While of work  22a. I certify that (I) (It saw the deceased couses stated abov  22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type) WENT	iner) P.M. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.  Anis haspital) attended the decelulative on e, (I) (we) (did) (did nat) view the control of the c	pased fram 19, ond ne bady ofter de	hat in (my) (aur) opini ath.  ATTENDING	8, to Sept 2, ion deoth occurred on the STAFF PHYS.	19 <u>68</u> , that (I) (we) last date and hour and from the PTC. DATE SIGNED 9/2/68

MARYLAND STATE DEPARTMENT OF HEALTH

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			M	ARYLAND STATE DEPARTM	IENT OF HEALTH		
77		12707	DIVISION OF VITAL R	ECORDS, 301 W. PRESTON STR		MARYLAND 21201	
		12000		CERTIFICATE OF	DEATH		12717
			irst M	iddle Last	2a. DATE	OF DEATH	2b. HOUR
	(1	ype or print) Clare	nce Edwar	de Steer		Sept Goy	1968 6, A.M
	3. SE	X	4. RACE	S. DATE OF BI		6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		M	I W		22,1890	77 YRS.	
	7o. E	IRTHPLACE (Stote or foreign try)	76. CITIZEN OF WHAT COUNTY	MARKIED MEVER MAK	RRIED 9. COUNTY	of DEATH	Mc
	10. 0	ITY OR TOWN OF DEATH	11. NAME OF HOS	SPITAL OR INSTITUTION (If not in hospital		ON (Kind af work done	12b. KIND OF BUSINESS OR
)		Cockeysnel	give street oddre		-	ing life, even if retired.)	INDUSTRY
5	13a.	USUAL RESIDENCE (Where dec	eased lived, if institution: Reside	nce before 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS? 13e. YES NO	STREET AND NUMBER	- 0
2		Terrada Ma	1300	es das Vagas	6	16 Trincel	own Street
	14. [	ATHER'S NAME First	Middle	Lost 15. MOTHER'S MA	AIDEN NAME First	Middle	lost
	140	WAS DECEASED EVER IN U.S.	ADMED EDDOCESS 1144 SOCI	AL SECURITY NO. 17. INFORMANT	ua	Address	_ IIIeads
			ive war or dates of service) 216	2 1 122	d. Wd	MACAMALA	1 Kme
		10 CAUCE OF DEATH (5-1-			1119	Mason	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAU		(b), and (c).)	oll aurin	~ .	BETWEEN ONSEY AND DEATH
		11109 IMMI	EDIATE CAUSE (a)	OUTPUCT OF	4		
		Canditions, if any, which gar	ve)	we arch ou	Clusion		
		rise to immediate cause (c stating the underlying cou		QUENCE OF			
		last.	(c) and	(enos acrom	•		
		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERMINA	L DISEASE OR CONDITION G	IVEN IN PART 1(o)	
	Z	4201					
V	CERTIFICATION	190. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERAT	TION WAS PERFORMED 200. AUTO		o. IF YES, WERE FINDINGS CO USES OF DEATH?	NSIDERED IN CERTIFYING
1	RTIFI			YES	NO [		
		210. ACCIDENT WAS UNDERL		Day Year	CURRED (Enter noture of	injury in Port 1 or Part 2, 1	rem 18.)
	MEDICAL	(If either, notify medical exc	aminer) P.M.	19		-	
	2	While Not while	21e. PLACE OF INJURY (AT HOME, FA	ARM, STREET, FACTORY, 21f. LOCATION Stree	et or K.F.D. No.	City or Town	Caunty Stote
	178	GEWOIK OF WORK	(this hospital) attended the	e deceased from	15.1965 to	Aufur 1 19	X, that (I) (we) las
		saw the deceased	glive an	3 0 196X, and that in (m			te and have and fram the
		causes stated abo	ave, (I) (we) (did) (d <del>id not</del> )	view the bady after death.	77	/	
		22b. SIGNATURE	1. / 11	ATTENDIN	NG MED.	STAFF D	DATE SIGNED
		and pursiciand	mus /7 am.	PHYS. 22e. ADD		PHYS.	2/00
1		22d. PHYSICIAN'S NAME (Type)	MSHID H	AMED. MD. M	LASONIC	HOME, COC	Keys ville
	23a.			. NAME OF CEMETERY OR CREMATORY		ATION (City ar Tawn)	(County) (State)
	ī	REMOVAL (Specify)	9-7-68 1	LOUDON PARK	/S	,	Md
^	24.	FUNERAL DIRECTOR	6 - 1 1	ADDRESS	2Sa. REC'D BY REGISTRA	1968 gclan	SIGNATURE Occupant
K	W	MCOOK-BROO	MS, INWSON 10	050 YORK RU.	DATESEP 5	1000	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12708 CERTIFICATE OF DEATH Middle Last 1. DECEASED-NAME First 2a. DATE OF DEATH within 24 hours after death (Type or print) Month Yeor CHARLOTTE DODSON STEIN 19 68 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR FEMALE CAUCASIAN 02-14-21 lost birthdoy) DAVS HOURS . Then please remave carban papers. Page remaval, and in any event, within 72 hours at YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) .⊆ BALTIMORE COUNTY USA WIDOWED [ DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR GREATER BALTO. MED. CEN MED. CEN HOUSEWIFE **INDUSTRY** TOWSON NA 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY BALTIMORE admission) STATE MA RYLAND TIMONIUM YES NO. 11 BELFAST ROAD 14. FATHER'S NAME First Middle 1S. MOTHER'S MAIDEN NAME First Middle Lost CHARLES OLIVER HUTCHINSON VIOLER E 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, ar unknown) Hospital Records APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND OFATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) OAT CELL CARCINOMA OF LUNG WITH WIDE burial, crematian, ar DUE TO, OR AS A CONSEQUENCE OF SPREAD METASTASES Conditions, if any, which gove ) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been be detached far use as the State Dept. af Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES S NO 🗍 YES TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I **certify** that (I) (this haspital) attended the deceased fram 8-29, 19-68, ta 9-1, 19-68, that (I) (we) last saw the deceased alive an 9-1, 19-68, and that in (my) (aur) apinian death accurred an the date and haur and fram the . 1968 , that (1) (we) last be retained directar, page 3 shauld shauld be filed with the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF 9-1-68 M / DEGREE DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) CHARLES C. BROWN, M.D. GREATER BALTIMORE MEDICAL CENTER 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Tawn) (County) (State) REMOVAL (Specify) Burial St. Joseph's 250. REC'D BY REGISTRAR'S 24. FUNERAL DIRECTOR - Brooks Towson, Towson, Md. Misseles 30M REV. 1/68 DATE SFP

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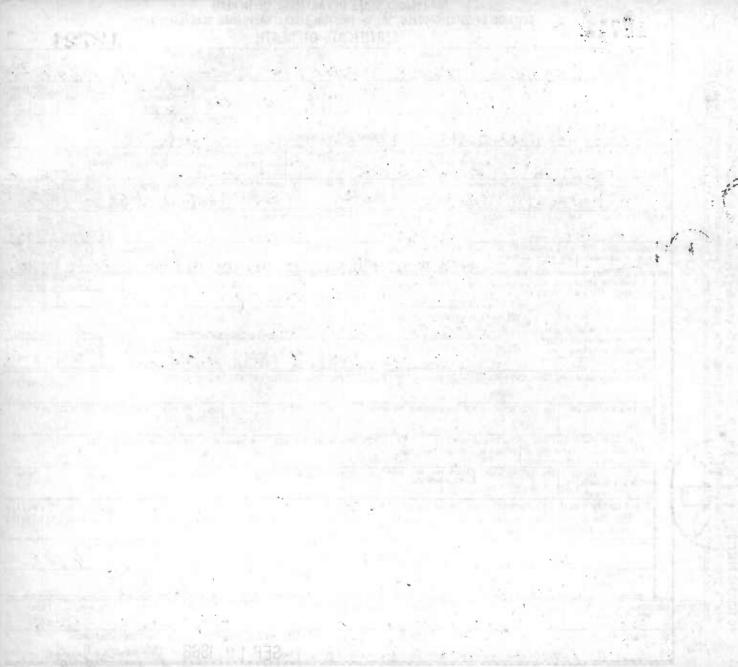
1		12709	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, B. CERTIFICATE OF DEAT		01 1271	9
deoth. nerof ond 2 deoth.		ECEASED-NAME (ype or print)	First Middle	ck	2a. DATE OF DEATH Month 2	2 Doy G& Year	2b. HOUR 4340 M
nours after death.  by the funeral  bours after death.	3. SE	Lewale	19. RACE White	S. DATE OF BIRTH	6. AGE (In year lost birthday)	YRS. IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN,
be executed within 24 hours after deoth ond completely filled in by the funerof remove corbon pepers. Pages 1 and 2 in any event, within 72 hours after deoth	cour	BIRTHPLACE (State or foreign Sweetlern	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Back -C.	•	Md
be executed within 24 hour ond completely filled in be remove corbot pepers.	Ci	Clove TOWN OF DEATH	give street address give street give s	durin	USUAL OCCUPATION (Kind of working most of working life, even if retinguation of the control of t	red.) INDUSTRY	BUSINESS OR
dir be executed vicion and complete corting and in any event,	adm	FATHER'S NAME First	Middle Lost	Ly Pasedona YES []	NO P		Lost
dit be e icion onc leose rel and in a	160	1. Sandsel EVER IN U.S.	rom	Sophi			
/ - 00	-	(es, na, or unknawn) (If yes	give war or dates of service)	Famely		Same	MATE INTERVAL
he deoth cerring of the other cerring pays		PART I. DEATH WAS CA	MEDIATE CAUSE (o)	u also pulle	med such	BETWEEN O	NSET AND DEATH
that the deoth cermin.  by the attending pray transit permit. Then cremation, or removal		Canditions, if any, which go	(0)	Und ellow	to beauts	ware	year
PHYSICIAN: The low requires that the deoth the hospital or attending physician. This certificate has been signed by the attending tached for use as the buriol-transit permit. Dept. of Health prior to buriol, cremation, or remaining the control of		stating the underlying callast.	DUE TO, OR AS A CONSEQUENCE C	letter Mel	le tus	- ge	an
te low requestion of person significants of prior to bu	NO	260X	T CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT			0	
The lor of the rottence hos buse as alth prio	CERTIFICATION		19b. CONDITION FOR WHICH OPERATION WAS	YES NO	CAUSES OF DEATH?	INGS CONSIDERED IN CE	RIIFYING
SICIAN: The spirol or off spirol or off spirol or off spirol or off spirol of the spir	MEDICAL CI	21a. ACCIDENT WAS UNDER  ☐ OR CONTRIBUTING ☐ CAUSE OF  (If either, notify medical ex	HOUR A.M. Manth Day Yes	ar 19	(Enter nature of injury in Part 1 ar P		
G PHY:	N	While Nat while at wark of work	The state of the same of the same	FACTORY.) 21f. LOCATION Street or R.F.D	O. Na. City or Tawn	Caunty	State
OR ATTENDING PHYSICIAN: The low requires the be retoined by the hospirol or ottending physician. DIRECTOR: After this certificate hos been signed by ge 3 should be detached for use as the buriol-trailed with the Stote Dept. of Health prior to buriol, cre		saw the decease	(this haspital) attended the deceded alive an	_19, and that in (my) (aur)	apinian death accurred an t	he date and haur	
OR ATTEN be retoined DIRECTOR: ge 3 should ged with the		22b. SIGNIMITURE	cul Inhefor	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	22c. DATE SIGNED	68
O HOSPITAL OF Poge 4 moy be O FUNERAL DIR director, poge 3		22d. PHYSICIAN'S NAME (Type) MA	ugy J. Roberta	-UEZMO 22e. ADDRESS			
TO HO Poge To FUN direct shoul		REMOVAL (Specify)	23b. DATE 23c. NAME C	of CEMETERY OR CREMATORY	23d. LOCATION (City or Town	Md.	(Stote)
VR A15 [4] 30M REV. 1468	134	FUNERAL DIRECTOR	136E, John	1 21230 25a. REG	SEP 2 4 1968 25b. REGIS	TRAR'S SIGNATURE	del

MAKILAND STATE DEPARTMENT OF HEALTH

MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12710 CERTIFICATE OF DEATH Middle DECEASED-NAME First 2o. DATE OF DEATH 2b. HQURIT (Type or print) Month Lewis Kimble Stewart 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years 24 haurs after lost birthogy) MONTHS male white 11-6-1900 YRS. remove corbon popers. Pag n ony event, within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED = New Jersey U. S. A. WIDOWED DIVORCED [ Balto. County filled burial, cremotion, or removal, and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress Naryland Ave. Pikesville Bendix 13e. STREET AND NUMBER Aviation 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY Balto. NO-Pikesvill 22 Maryland Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First puo requires that the death certificate be George A. Stewart Jennie unknown Furron 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT wife 22 Mar Adams Ave. Yes, no, or unknown) (If yes give war or dates of service) 150-07-9850 no Bertha Marie Stewart 21208 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ! burial-tronsit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to rnia for use os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? has CAUSES OF DEATH? YES T NO [ director, page 3 should be detoched for use should be filed with the State Dept. of Health FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while of work couses stated above, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 230. BURTAL CREMATION 0 VR A15 (4) 30M REV, 1/68

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		OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Month Doy Yes	r	terner notice of injury in for 1 of for	1 2, 116111 10.)
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			ove, (I) (we) (did) (did not) view th	bady after death.		
		22b. SIGNATURE	1. 1 1/2 1	AME ATTENDING	MED. STAFF	22c. DATE SIGNED
		204 DUVELCIANIE	un polled.	DEGREE PHYS.	MED. STAFF PHYS.	Mi 7/100.
		22d. PHYSICIAN NAME (Type)	AMCMIN HAN	166) 22e. ADDRESS /6	Park Wille Mi	5
	230	BURIAL, CREMATION, 23	b. DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d LQCATION (City or Town)	(County) (Stote)
	230.	REMOVAL (Specify)	9/10/68 Lou	1 12 6	BALT/mm	- 6-1
)	24.	FUNERAL DIRECTOR	ADDRE		C'D BY REGISTRAR 2Sb. REGISTR	AR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH 2b. HOUR within 24 haurs after death (Type or print) Month 1 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS last birthdoy) MONTHS DAYS HOURS d **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campierery rinea in by indirector, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pageshauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours 7a. BIRTHPLACE (State of foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 370MItha WIDOWED [ DIVORCED [ 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life eyen if retired.) **INDUSTRY** exécused 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 136. COUNTY odmission) STATE GOVANE 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Lost requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, na, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2\_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES [ 4 may be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Tawn County Stote While Not while ot wark 22a. I certify that (1) (this haspital) attended the deceased from 13-7, 1967, ta 1968, and that in (my) (aur) apinian death occurred an the date and haur and fram the saw the deceased alive on\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Wood AWN CEMETER FUNERAL DIRECTOR BY REGISTRAR VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12713 CERTIFICATE OF DEATH last 2a. DATE OF DEATH DECEASED-NAME . First Middle (Type or print) Helen Marie Stinchcomb Sept. S. DATE OF BIRTH IF UNDER 1 YEAR signed by the attending physician and completely filled in by the Luburial-transit permit. Then please remave carban papers. Pages burial, crematian, ar remaval, and in any event, within 72 hours after 4 RACE 6. AGE (In years 3. SEX last birthday) Female White Sept. 19.1903 YRS 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Baltio.Co.Md. filled in U.S.A. DIVORCED [ Baltimore WIDOWED [ 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSPITATION OF TO THE PITAL OF TH 12b. KIND OF BUSINESS OR during mast of working life, even if retired.)
Housewife Pikesville Own Home 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? xecuted admissian) NSTATE 13b. COUNTY Baltio. Pikesville 7214 Rockridge Rd. 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last First pe Joseph Stewart Ida Hoffman Maa PHYSICIAN: The law requires that the death certificate Pikesville 8. 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes or unknown) (If you give wor or dates of service) 216-32-7252 Mr. Maurice Stinchcomb, 7214 Rockridge Rd. Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE O Canditians, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital or attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been use as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO T YES 🗀 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OL OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Nat while at wark 19.60 , ta 22a. I certify that (I) (this haspitol) ottepded the deceased fram\_\_\_\_\_ 9/26 196 and that in (my) (our) opinion death occurred on the date and have and from the saw the deceased alive an couses stated obove, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SLONED DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S PARK HEIGHTS GONALD director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (Caunty) 23a. BURIAL, CREMATION BREMOVAL (Specify) Sept. 30.1968 Lake View Cemetery Randallstown Carroll.Md 2Sa. REC'D BY REGISTRAR FUNERAL DIRECTOR OCT 30M REV.

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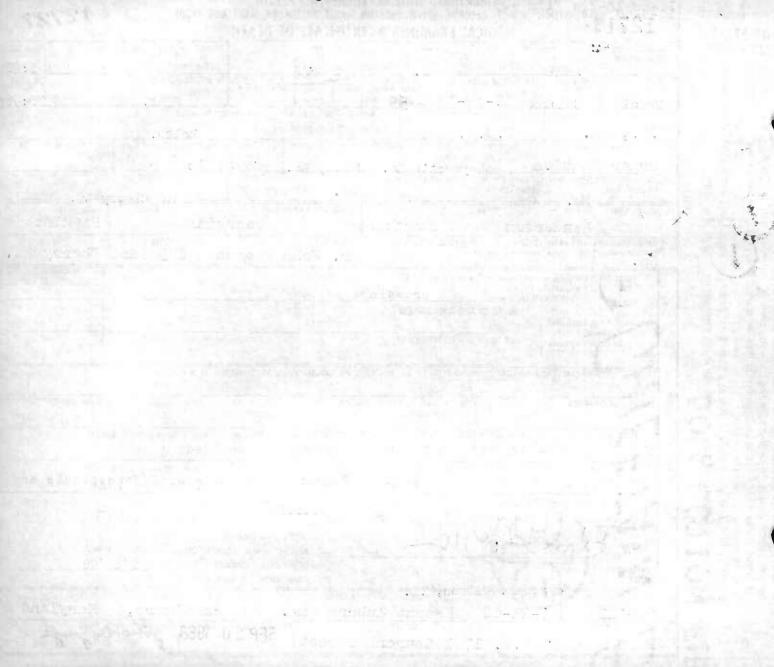
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8			12714		CERTIFICATE OF DEATH		
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Ŧ	by me nospii fter this certii be detached State Dept. of	2	21d. INJURY OCCURRED 2 While Nat while	Te. PLACE OF INJURY ( AT HOME, FARM, STREET, FA	211. LOCATION Street of R.F.D.	Na. City ar Tawn	County State
C) 4	det ‡i		al walk al walk		Was to 10	(-7 · G (5 · )	0/ 8 4 (0/ )
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the	Proge 4 may be retained by the hospital of attending physicion.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filler director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	22-	BURIAL, CREMATION, 23	b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caynty) (State)
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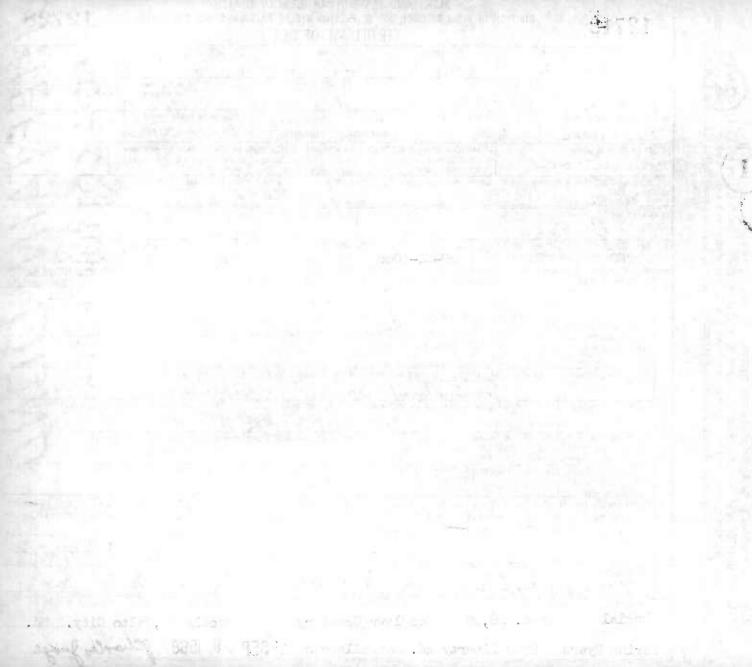
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SDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2g. DATE KNOWN Manth 2b. HOUR (Type or Print) PM3. Poge Department of DEATH MATED [ 19 68 5:091 **EMMA** THOMAS IF UNDER 24 HRS. 4 RACE AGE (In years 2c. DATE PRONOLINCED DEAD S. DATE OF BIRTH 2d. HOUR Colored 12-19-1908 59 5:091 MARRIED NEVER MARRIED 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH WIDOWED [ DIVORCED [ U.S.A. Md. Balto. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Turner Station | give street address) | Honeysuckle I.a. & Cherry I.a. |
| 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before | 13c. CITY OR TOWN | 13d. INS during most of working life, even if retired.)
Domestic Work INDUSTRY with the Office along deoth. 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Balto. YES NO FET 103 Cherry La and 2 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Middle Last First Hawkins Hawkins Georgiana Henderson 24 = 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. **ADDRESS** within (Yes, na, or unknown) (If yes give war or dates of service) Mr. John Thomas 103 East Cherry APPROXIMATE INTERVAL certificate shauld be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PAIN 1. DEATH WAS CAUSED BY: event within BETWEEN ONSET AND DEATH buriol-transit permit. Drowning IMMEDIATE CAUSE (a)\_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a), execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO [ 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING 19 68 Presumably drowned CAUSE OF DEATH 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, City or Town County Stote factory, office building, etc.) Water WHILE AT WORK AT WORK Found: Water atwendhof Honeysuckle and 22a. I certify that I took charge of the remains described above, held an Autapsyxx, Inspection , Inquiry , and in my opinion death resulted fram: \ Natural causes Accident X Suicide T. Homicide Undetermined manner please CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED DEPUTY MEDICAL EXAMINER 9/18/68 5 may b **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, ar caunty) the Edward F. Wilson, Man of CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) 9-21-68 Baltimore, Maryland Mount Auburn Cem. 24. FUNERAL DIRECTOR ADDRESS DYETT F.H. 1701 Laurens Street MATI





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		MARYLAND STATE DEPARTMENT OF HEALTH	
		19790 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	ONCE
OR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2730
H DEPT.		ECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Do OF ESTI-	
ment at	1,	BETTY JANE TITTSWORTH DEATH MATED SALE	3 1965 4:35 M
	3. SI	has book and market provide them	2d. HOUR
		Female White 1-17-1924 ARS. MANIES DAYS HOURS MAN. Month Day 3	Year 1969 5:15PM
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	coun	Haryland USA WIDOWED DIVORCED Baltimore	Md
-	10. 0		. KIND OF BUSINESS OR
0	1	Randallstown give street address)  Balto. Co. Gen. Hospital during most of working fife, even if retired.)  At Home	DUSTRY
0-7	130.	LISTIAL DESIDENCE (Where decored lived if institution, Posidence before 13st CITY OP TOWN 13d, INSIDE CITY UNITS? 13e STREET AND NUMBER	
0	0	dmission) STATE 13b. COUNTY Baltimore Woodstock YES NO X Granite Motor C	ourt
1	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
1		Daniel Graham Mable Brown	
		WAS DECEASED EVER IN U.S. ARMED FORCES?   16b. SOCIAL SECURITY NO.   17. INFORMANT ADDRESS	4/1
	()	(es, na, ar unknown) (If yes give war or dates of service) 219 20 0396 Calvin Tittsworth, Woodstock, Md	
-		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
		4369 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF	6
		Conditions, if ony, which gove )	trus .
		rise to immediate cause (a),	70
		stating the underlying cause DUE TO, OK AS A CONSCOUENCE OF	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		331X	
	NOL	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
X	FICA	WAS PERFORMED?	YES NO
•	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	
	CAL	PRIMARY OR CONTRIBUTING HOUR A.M.	,
	MEDICAL		County State
		WHILE NOT WHILE OF TOCTORY, Office building, etc.)	Jidio
			<u> </u>
		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry	and in my apinian
		death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner	
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF	ALED
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220. DATE 310	NEU A C A C A C
2	1	DEPUTY MEDICAL EXAMINER	16,1968
	0.0	NAME (Type)  ADDRESS(Street, city, fawn, ar county)	
	23a	PFMOVAI (Specify)	ounty) (State)
	C74		
	3		
	1	Liginbothom-Slack Funeral Home, Ellicott City, Mani SEP 18 1968 gcland	en Judge

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MARYLAND STATE DEPARTMENT OF HEALTH 12723 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. MOOR death (Type or print) 09-05-68 Yeor CLAUDE CHARLES TRUAX DM 3. SEX 4. RACE IF LINDER 24 HRS hours after S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 24 hours after last birthday) MALR CAU 9-12-96 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED filled in I rremation, or removal, and in any event, within 72 h WIDOWED [ DIVORCED [7] BALTIMORE COUNTY New York USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (Kind of work done Cent Plumber ond completely fill remove carbon p give street oddress) INDUSTRY Warfield Co. TOWSON, MD. Greater Baltimore Med. 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER uted 13b. COUNTY BALTIMORE admission) MARYLAND NO. Dundalk 8101 COYNE DRIVE 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First First ond requires that the death certificate be POMEROY NAME TRUAX EDITH DYKMAN physicion on pleose 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, no, or unknown) 056-12-3391 ULLINO PATTENTS CHART APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND GEAT PART I. DEATH WAS CAUSED BY: RESPIRATORY FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave ) LUNG CANCER RESPIRATORY INSUFFIENCY signed by the burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retoined by the hospitol or attending physician. stating the underlying cause LUNG CANCER PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) for use os the b Health prior to b has been CERTIFICATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES 🔲 NO IX O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day be detoched for Stote Dept. of h (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Nat while at work 8-31-68 22a. 1 **certify** that (1) (this haspital) attended the deceased from 8-31-08, 19, to 9-05, 1968, that (1) (we) last saw the deceased alive an 10:35 PM 9-19, 68 and that in (my) (our) apinian death accurred an the date and haur and from the . 19 to 9-05 director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. 9-06-68 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) DR. MOHAMMAD GBMC 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify)
Burial 9/9/68 Baltimore, Md.

25b. REGISTRAR'S SIGNATURE Moreland Memorial Park 24 FUNERAL DIRECTOR 7922 Wise Ave. Dundalk, Md. 2So. REC'D BY REGISTRAR 1968 30M REV. 1768

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME . -First HEALTH DEPT. Middle 2a. DATE KNOWN Month 2b. HOUR (Type or Print) OF ESTI-BILLY FRANCIS Poge TUCKER 19 4. RACE 6. AGE (in years JE LINDER I YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SFX S DATE OF BIRTH Inst birthday) pup PM3 September Day Yeor 1968 Oct. 28, 1925 42 white male 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [ DIVORCED N.C. USA Baltimore Manate on HOSP Lande, INSUITATION INVENTION and IROL 12a. USUAL OCCUPATION (Kind of work done 1D. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Essex during most of working life, even if retired.) INDUSTRY Aircraft give street address) Middle River Rd Middle/River pencil in Item 18. Give, glong. with 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission) SIATE Mary land YES NO NO Middle River 224 Ballard Avenue 24 hours Office lond 2 after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Last Will Tucker Ruth Henry Chief Medical Examiner's pages hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, na, ar unknawn) 28 9120 Elizabeth Tucker File Yes Same "pending" in p APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) Manual Strangulation DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise ta immediate cause (a). writing the word This certificate should DUF TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 or removol. 19b. CONDITION FOR WHICH OPERATION 19g. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 3 should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremation, subi. beaten about head and stranguled CAUSE OF DEATH UNKM. UNK 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. Na. City or Town County State factory, office building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK Baltimore, Md. woods 22a. I certify that I took charge of the remains described above, held an Autapsy XI, Inspection Inquiry , and in my apinian death resulted fram: retained Natural causes Accident . Suicide Homicide X Undetermined manner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE 9/3/68 DEPUTY MEDICAL EXAMINER 5 may b TO FUNER Health (Spitz, Werner U. **EXAMINER'S** NAME (Type) ADDRESS(Street, city, tawn, or county) the BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City ar Town) (County) (State) REMOVAL (Specify) Moore Funeral Home wadesboro. N.C. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1407 Eastern Ave. VR A15ME (5)

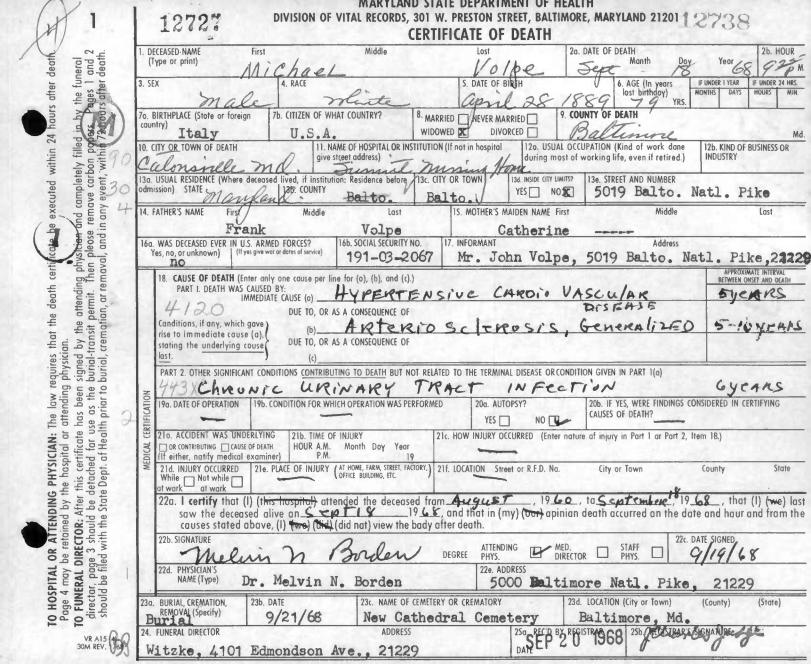
10M REV. 1/68

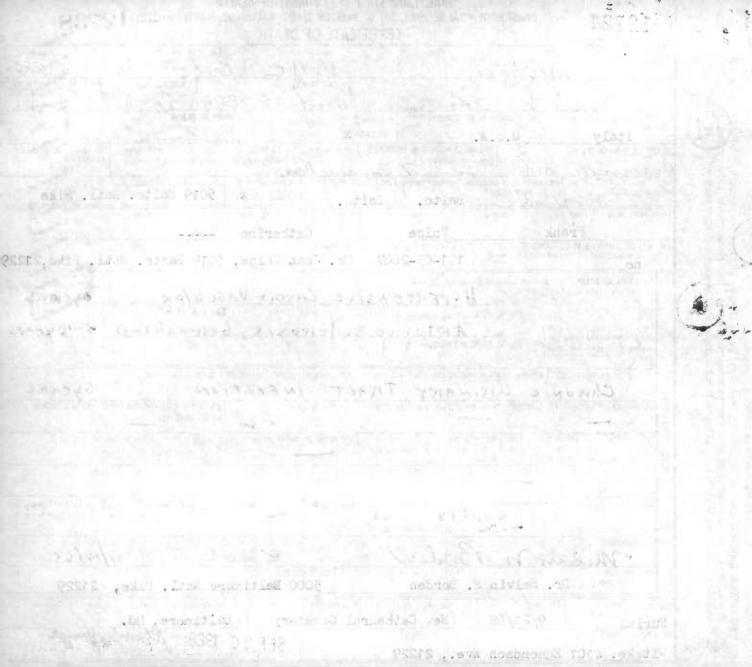
the state of the s 1977 - 1988 J. 1977 - 1988 J. 
13		Lt	12725	DIVISION OF VIT	AL RECORDS, 3	801 W. PRI	STON STRE	ET, BALTIMOR	RE, MARYLANI	21201	12735	5
er death. funeral ; 1 and 2 ter death.		1. DI (1	CEASED-NAME First Precion From Fred		Middle J.	M	Lost Van Sl		DATE OF DEATH	oth 22	1968	2b. HOUR 8-30AM
24 haurs after death	×	3. SE		4. RACE		S	DATE OF BIRT	1895	6. AGE lost b	(In years irthday) 73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
haurs 4 haurs	)	7a.	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WHAT C	OUNTRY?	8. MARRIED WIDOWED	NEVER MARRIE	TU I	UNTY OF DEATH Baltimor	e		Md.
d within 2	00	10. (	Towsen	11. NAME ( give street	of HOSPITAL OR INST	Green	in hospitol briar R	12a. USUAL OCC during most of Self	UPATION (Kind at working life, eve Employ	n if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
cecuted wit campletery nave carbar y eventy wi	03	13a. adm	USUAL RESIDENCE (Where deceas issian) STATE	13b COUNTY	Residence before Baltimore	13c. CITY OR T	l v	ES NO NO	13e. STREET AND	NUMBER	iar Road	d 4
be execut n and cam e remave		14.	FATHER'S NAME First  John	Middle K. Van		15.	MOTHER'S MAID		ssie	Middle	Roo	Lost
tificate b hysician n please val, and i		16a	WAS DECEASED EVER IN U.S. ARM (es, nd, or unknown) (If yes give w	ne or dates of conuce)	. SOCIAL SECURITY NO 218-36-56		ormant toinett	te Van S	Lyke 113	Address Green	briar R	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the haspital ar attending physician.  DIRECTOR: After this certificate has been signed by the attending physician and completery fillings a should be detached for use as the burial-transit permit. Then please remarke forbance ed with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any every within			18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE! IMMEDIA  Conditions, if ony, which gave rise to immediate cause (o), stating the underlying couse last.  PART 2. OTHER SIGNIFICANT COM	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)	CONSEQUENCE OF Primal CONSEQUENCE OF	cy unk	nown	DISEASE OR CONDIT		T 1(a)	BETWEEN OI	MATE INTERVAL  ASET AMO DEATH
AN: The law real of an artending icate has been for use as the Health priar ta	×	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH C	PERATION WAS PERI	FORMED	2Da. AUTOPS	Y?	2Db. IF YES, WE CAUSES OF DEA		ONSIDERED IN CE	RTIFYING
ICIAN: The pital ar attificate ha d far use af Health I		MEDICAL CER	21 a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	H HOUR A.M. M	JRY onth Doy Year 19	21c. HOV	INJURY OCCUR	RRED (Enter natur	re of injury in Por	1 1 or Part 2,	Item 18.)	
DING PHYSICI by the haspirt (fer this certif be detached i State Dept. of		ME	While Nat while at work of wark		DME, FARM, STREET, FACTO CE BUILDING, ETC.	-	ATION Street	ar R.F.D. No.	City ar Tawn	. (	Caunty	State
ATTENDING stained by CTOR: After shauld be			22a. I certify that (I) (the saw the deceased a couses stated obove	ive on	1 /10019	188. and	that in (my) eath.	(our) apinion	death occurre	d an the do	thotote ond hour	(I) (we) last and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar ta			22b. SIGNATURE	7	Daly	DEGREE	ATTENDING PHYS.		OR STAFF PHYS.	□ 22v	DATE SIGNED	1968
OSPIT/ e 4 ma UNERA ctar, p	- 1	230	BURIAL, CREMATION, 23b. I		23c. NAME OF CI	EMFTERY OR C	REMATORY	201	LOCATION (City of	or Town)	(County)	(State)
Page dire		-	REMOVAL (Specify)	25-1968	Parkwe	ood Cen	netery		Baltimore		Co.	d
VR A15 30M REV.	CA	L	assahn Funeral	Home 7401	Belair Ro	oad 212	174	DATE SEP 2			orles fo	egge

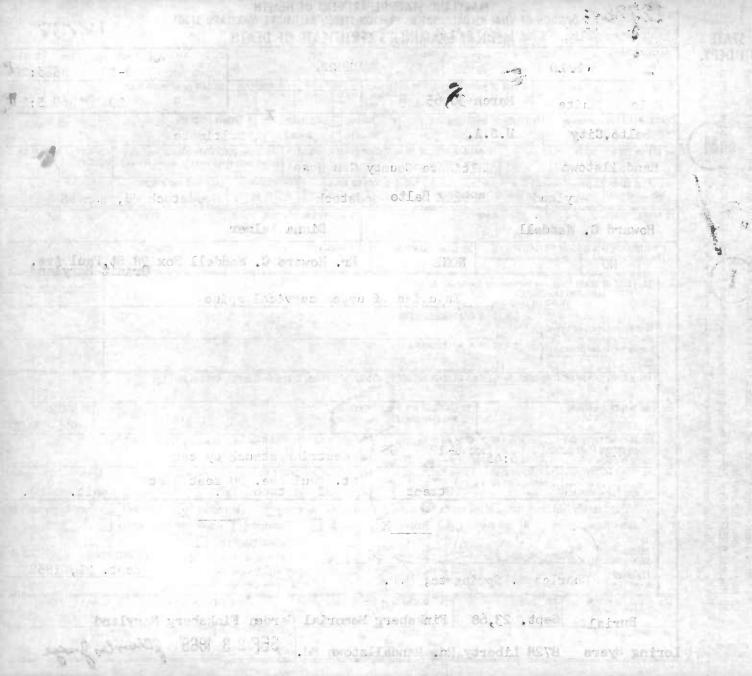
- 266 17 1988 W. Amerika Samera

FOR STATE	12726 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a. DATE KNOWN Month Doy Year 2b. HOU (Type or Print) JACOB CARL VITAK DEATH MATED 1. DEATH
delay	3. SEX  4. RACE  5. DATE OF BIRTH  6. AGE (in years if under 14 Hrs. low being in the proper of the
form Fe Depoi	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF VEATH STEPCHOOSLOVAKIA U.S.A. WIDOWED DIVORCED Baltimore
Tr death Pages with far the State	ID. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of, working life, even if tetired.)  TOWSON  12b. KIND OF BUSINESS OR during most of, working life, even if tetired.)  11c0 Loch Ness Rd. Ret-Cabinet Maker self emploised in the institution. Passidages before 12c (ITY OR TOWN)  13d. INSIDE CITY UMINIST.  13d. VISUAL DESCRIPTION NUMBER.
18. Grants of the control of the con	odmission) STATE Md. 136 COUNTY Baltimore + Baltimore YES ₩ NO □ 2513 E. Madison St.
24 havrs in Item 1 in Item 1 ir s Office es 1 and 2 irs after d	14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last unknown
J within 24 in pencil in Examiner's Examiner's File pages	166. WAS DECEASED EVER IN U.S. ARMED FORCES?   166. SOCIAL SECURITY NO.   17. INFORMANT 1938 Altavue Raddress 21228   (Yes, no, or unknown)   (If yes give war or dates of 2122 - Ol 3561A   Mrs.Lloyd L.Klein, Jr. Dght.
be executed 'pending'' in itef Medical Es insit permit. Fi event within	18. CAUSE OF DEATH (Enter only one couse per line for (\$\frac{1}{2}\$, (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  OTHERVAL  BETWEEN ONSET AND OFATH  OTHERVAL  BETWEEN ONSET
	Conditions, if any, which gave rise to immediate cause (a).  (b) / Acheology for Free green 47/20
shau e wa o the ourial	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF  (c)
certificate writing th irwarded to used as a b naval, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE JERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
at pe pe	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY? YES NO 1 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2. Item 18.)
=	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19
EXAMINER: ute the certi age 4 shauld your files. Page 3 shau , cremation,	WHILE NOT WHILE factory, affice building, etc.)
Trio Parenti	22a. I certify that I took charge of the remains described abave, held an Autopsy, Inspection, Inquiry, and in my apinic death resulted fram? Natural causes, Accident, Suicide, Homicide, Undetermined manner
y, please rad directine retaine (AL DIREC	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED
	EXAMINER'S NAME (Type) Charles F. O'Donnell, M.D.  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, city, town, or county)
01 = + ~ 0 ±	236. BURIAL, (REMATION, REMOVAL Specify) BURIAL  236. DATE  236. NAME OF CEMETERY OR CREMATORY  9/21/68 Bohemian National Cem.  236. LOCATION (Gity or Town)  (County) (State)  237. PECLO BY REGISTRAR 1256 REGISTRAR'S SIGNATURE
VR A15ME (5) 10M REV. 1/64	24. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601 E. Madison St.  ADDRESS Inc. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE SEP 2 3 1968 Closely Quick

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH DECEASED-NAME Middle 2b. HOUR (Type or print) 3. SEX 6. AGE (In veors IF UNDER 24 HRS within 72 hours after last birthday) MONTHS 1 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED WIDOWED DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Mausiry aria during most of working life, even if retired.) ottending physician viv. ond in any event, 13c. CITY\_OR TOWN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREEJ AND NUMBER requires that the death certificate be executed 13b. COUNTY 14. FATHER'S NAME Middle 160. WAS DECEASED EVER INJU.S. ARMED FORCES? I yes give was or dates of service) Yes, no, ar upknown) or removal, APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremotion, signed by the buriol-tronsit p the Conditions, if any, which gave rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ON CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificote hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a, DAJE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ Page 4 moy be retained by the hospital or ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M (If either, notify medical examiner) P.M (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while 220. I certify that (I) (this hospital) attended the deceased from OCF 6 , 19 66, to Septem 12, 19 67, that (I) (we) lost saw the deceased alive on September 1 2-19 68, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (wo) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (State) Burial (Specify) Cemetery Glen Arm Maryband Towson . Md. VR A (4) 21204

THE CHILDREN STREET HE SEPTEMBERS WITH CONTROL OF THE PROPERTY. And the state of t

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Lost 20. DATE OF DEATH death. (Type or print) ODIE WATKER nan papers. Pages 1 within 72 hours after 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR lost birthdoy) DAYS NEGRO OCTOBER 26 1894 MALE 7a. BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED (quntry) DIVORCED [ WIDOWED A MARYLAND U.S.A. BALTIMORE 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR ADMINISTRATION HOSP. GENERAL LABOR INDUSTRY please remave carban FORT HOWARD and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER and camp odmis MARYTAND KENT YES NO C WORTON 14 FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be RICHARD WALKER MINNIE TILSON 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes no or unknown) (If yes give war ar dates of service) crematian, ar removal, 213 18 5937 CLIN. REC., VAH, FT. HOWARD, MARYLAND APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH BRONCHOPNEUMONIA AND PULMONARY EDEMA PART I. DEATH WAS CAUSED BY: SOURS permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSPOLIENCE OF HABSTVE TUINDNAEYEENBOLL EDEMA HOUSE signed by the burial-transit p Canditions, if any, which gove ! rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse ARTERIOSCLEROTIC HEART DISEASE YEARS burial PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) GRAM NEGATIVE SEPTICEMIA prior to as the 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? **D FUNERAL DIRECTOR:** After this certificate has director, page 3 shauld be detached far use as shauld be filed with the State Dept. of Health pri CAUSES OF DEATH? YES T NO F 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Tawn County While Not while at work 220. I certify that (IX(this hospital) attended the deceased from Sept. 3. , 19.68 , to Sept. 7. , 19.68 , that (X (we) lost sow the deceased glive on Sept. 7. 1968, and that in (pack(our) opinion death occurred on the date and hour and from the couses stoted obove, ( (we) (did) (did not yiew the body ofter deoth. 22h. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. SEPT. 8. 1968 DEGREE PHYSICIAN'S 22e. ADDRESS NAME (Type) MARIO J. QUIROS, M. D. VET. ADM. HOSP., FT. HOWARD, MARYLAND MT. OLIVE AME CHURCH CEMETERY WORTON 23a. BURIAL, CREMATION. (County) MARYLAND BURNEA (Specify) WORTON. KENT FUNERAL DIRECTOR Kermeth Walley 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE SFP 30M REV. Chestertown, Md.

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1. DECEASED-NAME First (Type or print) Kurt	Middle	lost Weikers	2a. DATE OF DEATH Manth 9	ay 5 Year 68 7 N
3. SEX Male	4. RACE White	S. DATE OF BIRTH  Jan.16th.19	6. AGE (In years last hirthday)	IF UNDER 1 YEAR 1F UNDER 24 HRS. MONTHS GAYS HOURS MIN.
7a. BIRTHPLACE (State or foreign country) <b>Germany</b>	7b. CITIZEN OF WHAT COUNTRY?  U.S.A.	8. MARRIED X NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Baltimore	Mo
10. CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL OR IN give street address) 6611	Amleigh Rd during m	AL OCCUPATION (Kind of work dane ost of working life, even if retired.)	INDUSTRY
13a. USUAL RESIDENCE (Where decear admission) STATE Md.	sed lived, if institution: Residence before 13b. COUNTY Baltimore	13c. CITY OR TOWN 13d. INSIDE CITY I		
14. FATHER'S NAME First Ignaz	Middle Lost <b>WEikers</b>		First Middle na	Lost
16a. WAS DECEASED EVER IN U.S. AR. Yes, na, or unknawn) (If yes give v	MED FORCES? 16b. SOCIAL SECURITY 2 / 2 / 6	NO. 17. INFORMANT Susan Weikers	Address 2706 Smith, Ave.	
PART I. DEATH WAS CAUSE IMMEDI  15 3 3 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT CO	ATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)	( ) Bond ()	CONDITION GIVEN IN PART 1(a)	APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH  White
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21 a. ACCIDENT WAS UNDERLYII  ☐ OR CONTRIBUTING ☐ CAUSE OF DEA  (If either, notify medical exami	TH HOUR A.M. Manth Day Year		er nature of injury in Part 1 or Part 2	2, Item 18.)
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sow the deceosed couses stated obov	is hospital) ottended the deceos live on e, (I) (we) (did) (did not) view the	19 L wond that in (my) (our) on	inion deoth occurred on the o	
22b. SIGNATURE  22d. PHYSICIAN'S NAME (Type)  Dr. Jo	Seph Gross	Notes attending Phys. 22e. Address 69.4	MED. STAFF DIRECTOR PHYS. D	c. DATE SIGNED 9-5-68
		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)

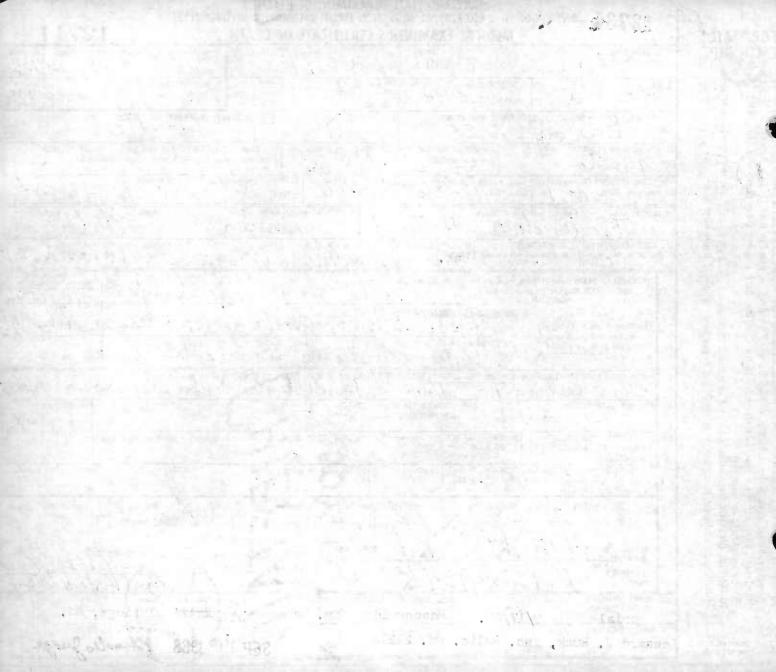
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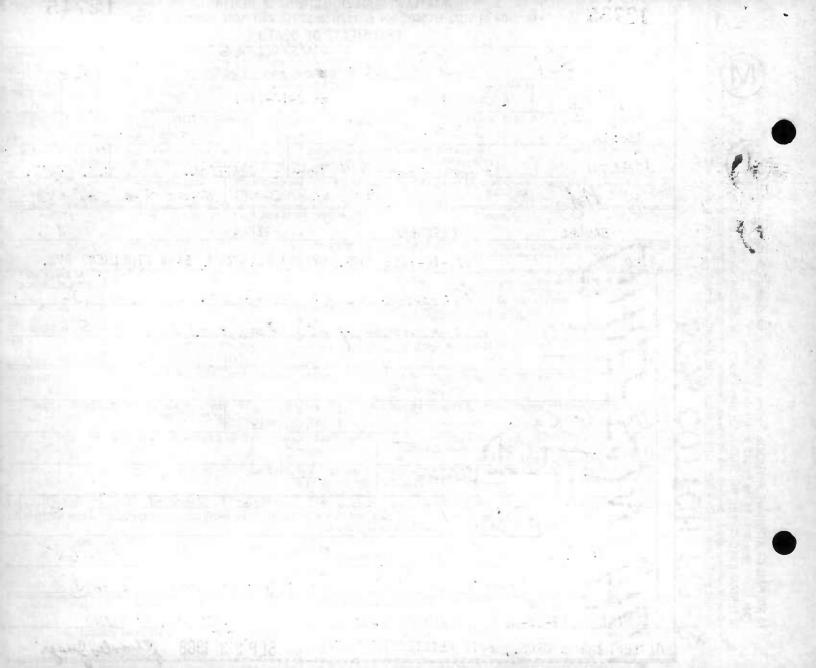
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FOR STATE	- 2	12734 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEACTH DEPT.		ECEASED-NAME 20. DATE KNOWN FOR Month Doy Year 2b. HOUR
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and 3 M3. Po	3. SI	4. RACE S. DATE OF BIRTH 6. AGE (in years lif under 1 YEAR IF UNDER 24 HRS. Nacy 10 1910 5 8 YRS. IF UNDER 1 YEAR IF UNDER 24 HRS. HOURS MIN Manth. Pay 1968 11 30
s 1, 2, a orm PM	70. I	BIRTHPLACE Stole or foreign 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 31179) Cugan School SA. WIDOWED DIVORCED MARRIED
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s e e e	CERTIFICATION	196. CONDITION 197. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES \( \sum \ NO \( \sum \)
ifica ifica d be	AEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19  21b. TIME OF INJURY Manth, Day, Year HOUR A.M. P.M. 19
EXAMINER: cute the cert oge 4 should r your files. Page 3 should, cremation, I, cremation,	MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (At hame, farm, street, while at work at wo
_ 01 _ 0		220. I certify that I taak charge of the remains described abave, held an Autopsy , Inspection , Inquiry , ond in my opinion
se executor. Por pred for ECTOR: buriol,		death resulted from: Natural causes (Cident ()) Suicide (), Hamicide (), Undetermined manner ()
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necessor the function of the f	230	NAME (Type)  ADDRESS(Street, city, tawn, &r caunty)  BURIAL, CREMATION,  23b. DATE  23c. NAME OF CEMETERY OR CREMATORY  23d. LOCATION (City or Town)  (County) (State)
	100	Burial 9/17/68. Meadowridge Mem. Cemetery xMalki Elkridge, Md.
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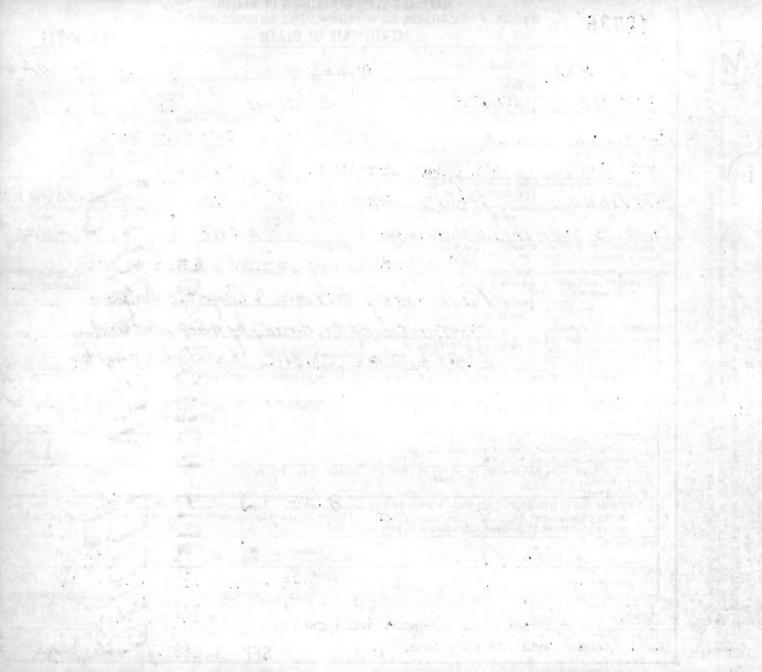


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O		CERTIFICATE OF DEATH	
de d		ECEASED-NAME Type or print)  Sol Single Lost WEISS BE ROGATE OF DEATH  Weissberg Sent Month 21 Day	Yeor 7 A M
offer of the state	3. S	4. RACE  4. RACE  4. RACE  4. RACE  Caucasion  5. Date Of BIRTH 4  6. AGE (In years lost birthday)  67 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
4 hours of in by there. Page ers. Page 72 hours	7a.	BIRTHPLACE (Stote or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   NOT COUNTRY?   9. COUNTY OF DEATH   NEVER MARRIED   9. COUNTY OF DEATH   NOT COUNTY OF	emfy Md
Within pap	10.	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)  13. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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be execut ond com e remove in ony ev	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE MEISBERG RIFKA	Lost
ertificote be physicion con nen please novol, ond ii	160	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no Sunknown) (If yes give war ar dates of service)  16b. SOCIAL SECURITY NO. 272-10-7855 MRS. SYLVIA WEISBERG, 5808 ETHE	LBERT AVE.
oth cert ding pl t. Ther		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he low attendir as bee e as th priar t	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CERTIFYING
<b>DING PHYSICIAN:</b> The low requires that the deoth certificote be exectly the hospital or attending physicion.  After this certificate has been signed by the ottending physicion and complete the second for use as the buriol-transit permit. Then please remostate Dept. of Health priar to buriol, cremation, or removal, and in any	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSEOF DEATH HOUR A.M. Manth Day Year Iff either, notify medical examiner)  21b. TIME OF INJURY HOUR A.M. Manth Day Year 19	tem 18.)
PHYSI he hosp this cer etachec	ME	21d. INJURY OCCURRED While Not While at wark  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No. City or Town	County Stote
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D HOSPITAL OR ATTENI Page 4 may be retoined FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) H. GERALD OSTER 6821 Reisters bun p	ooel.
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VR A15 30M REV. 168	24. S(	FUNERAL DIRECTOR  ADDRESS  250. RECID BY REGISTRAR  250. REGISTRAR  ADDRESS  DATE SEP 2 3 1968  ADDRESS  DATE SEP 2 3 1968	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12736 CERTIFICATE OF DEATH 1. DECEASED-NAME 2g. DATE OF DEATH First 2b. HOUR (Type or print) WILES 24 hours ofter S. DATE OF BIRTH IF UNGER 1 YEAR puriot-tronsit permit. Then please remove corbon popers. Pages 1 buriol, cremotion, or removol, and in ony event, within 72 hours ofter lost birthday) MONTHS WHITE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER-MARRIED DIVORCED [ Baltimore County WIDOWED IT 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) Mt. Wilson State Hosp. during most of working life, even if retired.) Mount Wilson completely 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY A CLARENDONAVE. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First SUMMERPIELD BUCKING HAM 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (If yes give war or dates of service) Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) signed by the buriol-tronsit p Conditions, if ony, which gove ) hotriction of the aireau by NucoDurulen rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION this certificate hos been detoched for use os the be detoched for use os the Stote Dept. of Heolth prior to 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES V NO F be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from 19 4, 19 4, ta 19 O FUNERAL DIRECTOR: After director, page 3 should should be filed with the causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED.
DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S Mount Wilson State Hospital NAME (Typa William Newcomer, M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City ar Tawn) 23a. BURIAL, CREMATION, (County) (Stote) Baltimore, Md. REMOVAL (Specify) Loudon Park Cemetery 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE F. Fline & Sons Reisterstown. Md. Melanlas Judge



MARYLAND STATE DEPARTMENT OF HEALTH

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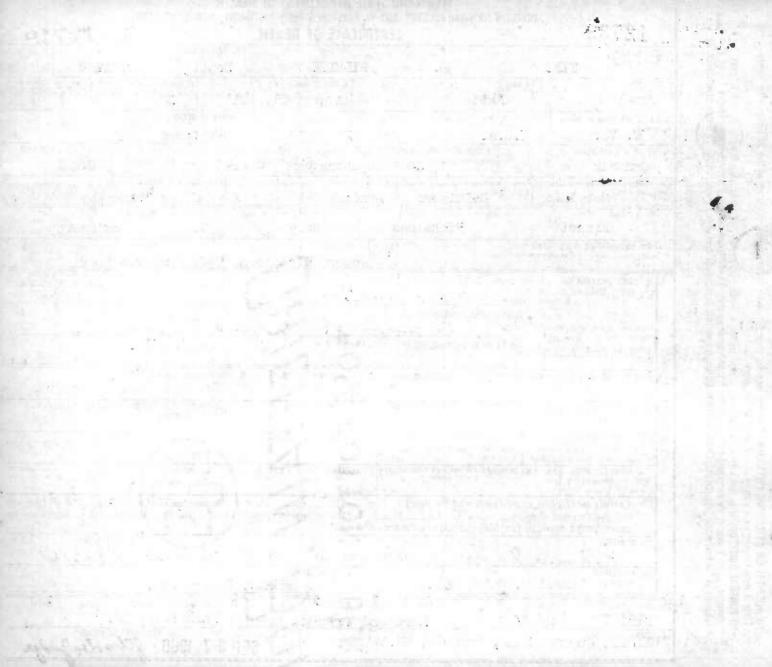
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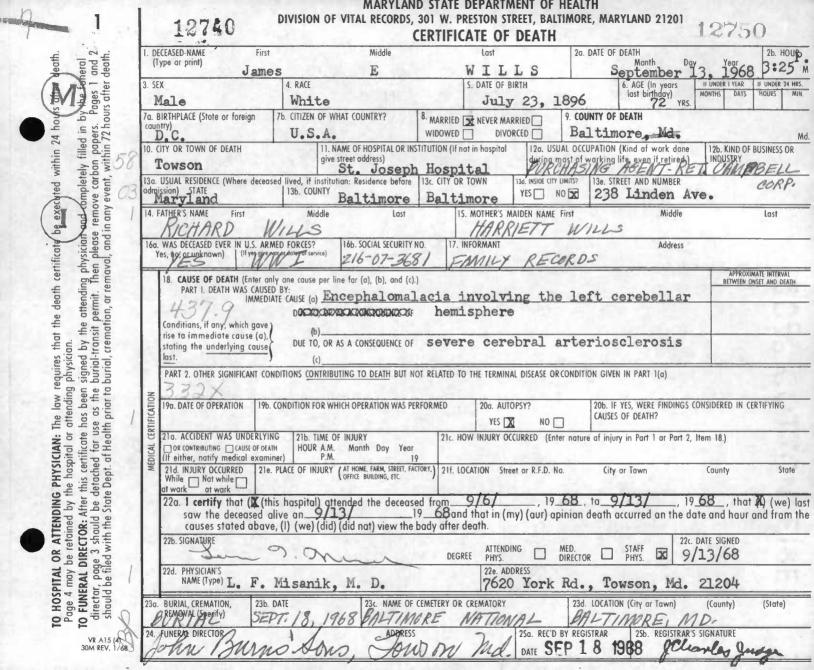
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 10	ARYLAND
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a. COUNTY b. COUNTY b. COUNTY	sidence before admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL a write RURAL and give nearest town)	ind give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  1206 Long Ford Rd	e. IS RESIDENCE ON A FARM? YES NO
3. NAME DF J First Middle Last 4. DATE Month DF DECEASED (Type or print) Laura Gainer Wilfons DEATH September	Day Year /7 1968
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1	
10a. USUAL OCCUPATION (Give kind of work done done done done line). KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CIT COL	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME	KOLDYS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	3
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Neuroblastoma with widespread	INTERVAL BETWEEN ONSET AND DEATH
Cenditions, If any, which by metasteses  [gave rise to Immediate]  [gave rise to Immediate]	15 months
cause (a), stating the DUE TO underlying cause last. (c)	119. WAS AUTOPSY
1934Nove	PERFORMED?
21. I certify that (I) (this haspital) attended the deceased from September 14, 19 68, to Sept 17, 1969 saw the deceased alive on Sept 19 19 68, and that death occurred at 888 M, from the causes and on the	<b>仁, that (I) <del>(we)</del> last</b> e date stated above
Cleum S. And M.D. ATTENDING MED. STAFF SEP.	TE SIGNED 17 1968
14 chry S. Crisi M.V., 1216 hongtord Rd, hulhers	ille, md.
BURIAL (Specify) Sept. 19,1968 DULANEY VALLEY MEM. COCKEYS VILLE)	nty) (State)  D  SIGNATURE
John Burns Sons, Towers, Wed par SFP 2 3 1968 Cliente	O. all Willows
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. 1273 C. CERTIFICATE OF DEATH  1. PLACE OF DEATH  2. COUNTY  Baltimore  MARYLAND  D. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1D write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or CITY OR TOWN (If outside corporate limits, write RURAL and give nearest stown)  Little or CITY OR TOW

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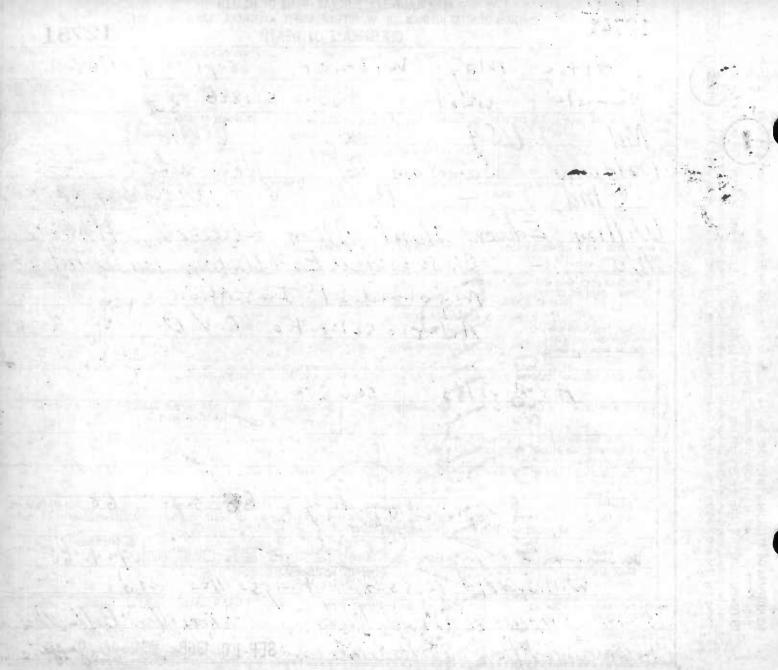
1	12739	DIVISION OF VITAL RECORDS	ND STATE DEPARTMENT OF H , 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		12740
runerol 1 ond 2 er death.	1. DECEASED-NAME (Type or print) TIN	st Middle	Lost WILHITE	20. DATE OF DEATH Sept. Month 220,	2b. HOUR
s after	3. SEX Female	4. RACE White	S. DATE OF BIRTH August 21, 1		IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN,
	7o. BIRTHPLACE (Stote or foreign country) W. Va.	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED DIVORCED	9. COUNTY OF DEATH Baltimore	Mo
00	10. CITY OR TOWN OF DEATH Dundalk	give street oddress) 346	32 Mc Shane Way during She		12b. KIND OF BUSINESS OR INDUSTRY Steel
	odmission) STATEMarylan		Dundalk YES NO	TX 3462 Mc Shan	
1	14. FATHER'S NAME First Ernest	Middle Lost Nicholso		C.	Skidmore lost
buriol, cremotion, or removal, and in ony	160. WAS DECEASED EVER IN U.S. A Yeshno or unknown) (If yes gr	RMED FORCES? re war or dates of service)		Address on, 3484 Dunhaven	ROBEL APPROXIMATE INTERVAL
2	Conditions, if ony, which governse to immediate cause (o stating the underlying causes.  PART 2. OTHER SIGNIFICANT (	DIATE CAUSE (6)  DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE ORCO		1 yr.
2	190. DATE OF OPERATION 15	Pb. CONDITION FOR WHICH OPERATION WAS P	YES NOTE	20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	
	OR CONTRIBUTING CAUSE OF DE (If either, notify medical exa 21d. INJURY OCCURRED 2 While Not while 1 at work of work 22a. I certify that (I) ( saw the deceased	HOUR A.M. Month Doy Yeo P.M. He. PLACE OF INJURY (AT HOME, FARM, STREET, F.	sed from, 19, 19, 19, 19, 19, and that in (my) (aur) opine bady after death.	City or Town  6, ta 5, 19, 19  nian death accurred an the de	County Stote
should be filed with the	23o. BURIAL, CREMATION, 23		22e. ADDRESS 3502 W	. Rogers Ave.	(County) (Stote)
		al Home, Dundalk, M	eland Memorial Park care and the second seco	Y REGISTRAR 25b. REGISTRAR'S	





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/	li .	MARTLAND STATE DEPARTMENT OF REALTH
n/. 1		↑ C >> P C DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
1.		12741 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
7	1. DE	CEASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR
death death and and and and		recording Artice May Wilmer Sept Month 9 Doy 1968
一美一	3. SE	
the fee Pages ]		Female White June 5, 1886 lost birthdo YRS. MONTHS DAYS HOURS MIN
hooh	70. E	IRTHPLACE (State or foreign   7b. CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH
42 Pg 72		WIDOWED DIVORCED DEFINIONE Md.
vithin oo within	1D. (	TY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if letired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if letired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if letired.)
> 447	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 130-CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with be retained by the haspital ar attending physician.  NRECTOR: After this certificate has been signed by the attending physician and campletely e. 3 shauld be detached far use as the burial-transit permit. Then please remove corbon ed with the State Dept. at Health prior ta burial, crematian, ar remayal, and in any event, with		ssian) STATE MC JAB. COUNTY - BZ/to YES NO 1311 W4157 St
equires that the death certificate be exe physician. signed by the attending physician and control burial-transit permit. Then please remoburial, crematian, ar remaval, and in any the standing of the standi	14. [	ATHER'S NAME   First   Middle   Lost   IS. MOTHER'S MAIDEN NAME Eirst   Middle   Lost
ate be ician o lease and ir	1/2	WAS DECLASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. MIFORMANT. Address
ertificate b physician nen please naval, and i		ash, of unknown) (If yes give war or dates of service) 218 50 5529 (1), Par/ 1/1/1 may 1311 (1) 415+ S+
g ph Then mav		
at the death cer the attending p nsit permit. The matian, ar rema		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  My O CORE AND DEATH  The source of the course per line for (a), (b), and (c).)
ne death attendi permit. ian, ar r		4/29 DIJE TO OR AS A CONFEDIENCE OF
t the sit p		Conditions, if ony, which gave rise to immediate cause (a), (b) Atterio Suleratic CVD
equires that the physician. Signed by the burial-transith burial, cremal		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires tho physician. signed by burial-tran		last. (c)
sign phy purchase provided the provided to the		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding ding seen the or to	NO	19a, DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by je 3 shauld be detached far use as the burial-trailed with the State Dept. af Health prior ta burial, cred with the State Dept.	CERTIFICATION	YES NO PEATHON TO WHICH OPERATION WAS PERFORMED  YES NO PEATH?
ar ar us		21o. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
CIAN Districted of Force	MEDICAL	Gr Contributing Cause Of Death HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
HYSI hasp s cer ache ept.	ME	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. City at Town County State
the detector	75	at work at wark
by Stat		22a. I certify that (I) (this haspital) attended the deceased from 19 5 10 5 19 6 1, that (I) (we) lost sow the deceased olive on 19 5 19 5 19 5 19 5 19 5 19 5 19 5 19
TEN ined		couses stoted obove, (I) (we) (did) (did not) view the body ofter death.
A SP C SP		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
DIR DE		DEGREE PHYS. DIRECTOR PHYS. 1 9-9-69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law range 4 may be retained by the haspital ar attending to FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior takes		22d. PHYSICIAN'S NAME (Type) William Ad Tason 22e. ADDRESS Hong & 1/2 Md.
HOS Gaulo Gaulo	23a	SYRIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY 979 CREMATORY 23d LOCATION (City or Joyen) (State)
55 5 2 2	L	STANDYAL (Specify) 9-11-68 Druid Rudge Pikes ville Belto Md
VR A15.(4) 30M REV. 1/68	12/	FUNERAL DIRECTOR  1250. REC'D BY REGISTRAR'S SIGNATURE  11 Y GOR FUNEVAL HOME  130. HOME  1250. REC'D BY REGISTRAR'S SIGNATURE  DATE SEP 1 0 1968 Cleanley Ludge
JUM REV. 1768	X	urger typevel Home Belto Md DATE SEP 10 1968 goliantes Juage



		CEASED-NAME First		Middle		Lost	2o. DATE	OF DEATH	1275	2b. HOUR
		ALIC				ilson		"9-5-68°°	Year	3 PA
	3. SE	Female	4. RACE	ite	S	DATE OF BIRTH $7 - \frac{1}{4} - 88$	3	6. AGE (In years lost bighday) YRS.	MONTHS OAYS	HOURS MIN.
	7o. 8 coun	IRTHPLACE (Stote or foreign irv) Unknown	7b. CITIZEN OF WH		8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY			Mc
70	10. C	TY OR TOWN OF DEATH Balto. Co.	11. NA give s	ME OF HOSPITAL OR INST treet address) Orest Have				ON (Kind of work done ng life, even if retired.)	12b. KIND OF I	BUSINESS OR
) -		USUAL RESIDENCE (Where decear esian) STATE Md.	sed lived, if instituti 13b. COUNTY	on: Residence before Balto.	13c. CITY OR TO Balto.		NO 13e.	STREET AND NUMBER 00	O Roland	Ave.
1	14. F	ATHER'S NAME First	Middle	Lost	15. /	MOTHER'S MAIDEN NAM	ME First	Middle		Lost
i	2.6	Lev	-	Burton 16b. SOCIAL SECURITY N	0 117 (MF	Nancy	Tag	Asso Otto	sville,	1// 1
	16a. Y	WAS DECEASED EVER IN U.S. ARI es, na, or unknown)   {  (If yes give to Unknown)	war or dates of service)	212 54 S			n Nurei	Ave. Gateon		
1		18. CAUSE OF DEATH (Enter or				OI CDC MAVE	II Nul SI	ing nome. )I	APPROXIN	AATE INTERVAL
		PART I. DEATH WAS CAUSE	D BY:			210111 22	2001	mand	BETWEEN OF	NSET AND DEATH
		4/29 IMMEDI	ATE CAUSE (a)	S A CONSEQUENCE OF	176	OSCULAR	17/0/01	11 43/1		
		Conditions, if ony, which gave		3	10181	acid CM	anid -1	provin		
		rise to immediate cause (a), stating the underlying couse	DUE TO, OR A	S A CONSEQUENCE OF			ANUFVI			
		last.	1-/		/					
	No	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED TO 1	THE TERMINAL DISEASE				
	121	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	20o. AUTOPSY?  YES NO		IF YES, WERE FINDINGS CO SES OF DEATH?	ONSIDERED IN CE	RTIFYING
	RTIFICA								Item 181	indus.
		21o. ACCIDENT WAS UNDERLYI	TH HOUR A.M. iner) P.M.	Month Day Yeor	100			njury in Port 1 or Port 2, I		
	MEDICAL CERTIFICA	OR CONTRIBUTING CAUSE OF OEA (If either, natify medical exam  21d. INJURY OCCURRED While Nat while at work	TH HOUR A.M. P.M. PLACE OF INJURY	Month Day Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	TORY.) 21f. LOCA	ATION Street or R.F.D	, Na. C	ity or Town	Caunty	State
		OR CONTRIBUTING CAUSE OF OEA (If either, natify medical examination of the contribution of the contributio	HOUR A.M. P.M. PLACE OF INJURY (	Month Day Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	od fram	ATION Street or R.F.D.	, Na. C		Caunty	(I) (wel-las
		OR CONTRIBUTING CAUSE OF OEA (If either, natify medical exam 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (the saw the deceased causes stated above 22b. SIGNATURE	HOUR A.M. P.M. PLACE OF INJURY (	Month Day Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	od fram	ATION Street or R.F.D.  that in (my) (our) ath.  ATTENDING PHYS.	, Na. C	ity or Town 9, 6, 19, h occurred an the da	Caunty	(I) (wel-las
		GR CONTRIBUTING CAUSE OF OEA (If either, natify medical exam 21d. INJURY OCCURRED While Nat while at work 22a. I certify that (I) (the saw the deceased causes stated above	HOUR A.M. P.M. PLACE OF INJURY (	Month Day Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	od fram 9 , and 9 after de	ATION Street or R.F.D.  that in (my) (our) ath.	Na. Constitution of the second	staff PHYS. 22c.	Caunty, that	(I) (well las
\ /	MEDICAL	OR CONTRIBUTING CAUSE OF OEA (If either, natify medical exam 21d. INJURY OCCURRED While at work 22a. I certify that (I) (the saw the deceased causes stated abav 22b. SIGNATURE 22d. PHYSICIAN'S NAME Type)	HOUR A.M. P.M. PLACE OF INJURY (	Month Day Yeor 19 AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	d fram  9 , and pady after de	ation Street or R.F.D. that in (my) (our) eath.  ATTENDING PHYS.  22e. ADDRESS REMATORY	. Na. Co	h occurred an the da	Caunty, that	(I) (we) las

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		Other National Control				
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	ines v artiniča 7. km² vieta	A A HOTH		4 .		

2	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12743 CERTIFICATE OF DEATH
1	PLACE DF DEATH a. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived, ff Institution: Residence before admission) a. STATE  Maryland  b. COUNTY  Baltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)  Towson
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES \( \sum \) NO \( \sum \)
6.0	NAME DF First Middle Last 4. DATE Month Day Year OF OFCEASED (Type or print) Charlotte Wilhelmina Wilson DEATH September 20. 1968
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE DF BIRTH 9. AGE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.  Female White DIVORCED April 1. 1880 yrs.
d	0a. USUAL OCCUPATION (Give kind of work done in DUSTRY)  10b. KIND OF BUSINESS DR  INDUSTRY  Own Home  11. BIRTHPLACE (County & State, or foreign country)  12. CITIZEN OF WHAT  COUNTRY?  USA  12. CITIZEN OF WHAT  COUNTRY?  USA
	3. FATHER'S NAME Herman Moog Wilhelmina Zimmerman
(	15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unkown) (If yes give war or dates of service) No  None  16. SOCIAL SECURITY NO. 17. INFORMANT Family Reads
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  ONSET AND DEATH
ATION	cause (a), stating the DUE TO underlying cause last.
CEDITICION	YES ND OZO. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CAUSE OF DEATH OF COURTED. (Enter nature of Injury in Part I or Part II of Item 18.)  YES ND OZO. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF COURTED. (Enter nature of Injury in Part I or Part II of Item 18.)  IND OZO. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF COURTED. (Enter nature of Injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work
	21. I certify that (I) (this hospital) attended the deceased from 1953, 1958, to 550000, 1968, that (I) (the) last saw the deceased alive on July 20, 1968, and that death occurred at 650 M, from the causes and on the date stated above.
	22c. PHYSICIAN'S NAME (Type) T. C. Siwinski, M.D.  ATTENDING M.D. ATTENDING MED. STAFF 9/22/68  22d. ADDRESS 206 W. Penna. Ave., Towson, Md.
1	3a. BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) Sept. 23, 1968 Prospect Hill Cemetery Towson, Maryland 24. FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE
Q =	John Burns Sons, Towson, Maryland   SEP 2 4 1968   Clarker Judge

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		D STATE DEPARTMENT OF			
12744	DIVISION OF VITAL RECORDS,	CERTIFICATE OF DEATH		ID 21201	2754
1. DECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	4.7	2b. HOUR
(Type or print) FLORENC	E E.	WILSON	SEPT Mo	anth 4 Day 1968	7 : LLLP
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE	(In years IF UNDER I YEAR	IF UNDER 24 HRS.
FEMALE	WHITE	OCT. 24.18	Record lost l	birthdoy) MONTHS DAY	S HOURS MIN
7o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
country) BALTIMORE	United States	WIDOWED DIVORCED	Balt	0	Mo
10. CITY OR TOWN OF DEATH TOWSON	11. NAME OF HOSPITAL OR IN: give street oddress) ST. JOSEPH \$	during	SUAL OCCUPATION (Kind of most of working life, eve HOMEMAKER		OF BUSINESS OR
13a. USUAL RESIDENCE (Where deceose	ed liyed, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	TY LIMITS? 13e STREET IN	D-NUMBER	
admissian) STATE MARYLAND	J'Sb. COUNTY	BALTIMORE YES	NO 303	ELM AVE.	21211
14. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME	First	Middle	Lost
George 1	Neichert	I Ida /	10mme	127	
16a. WAS DECEASED EVER IN U.S. ARM Yes no or unknown) (If yes give wo	ED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	11/1/000	Address Ely	· A
100 -		L. L'ITEN	WISON	3035 KIN	DXIMATE INTERVAL
OADE L DESTIL MILE CALIERD	y ane cause per line far (a), (b), ond (c).				N ONSET AND DEATH
LALLA JAMMEDIA	TE CAUSE (a) INTESTINAL :	infarction		110	
Conditions, if ony, which gove)	DUE TO, OR AS A CONSEQUENCE OF				
rise to immediate cause (o),	(b)				
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			1000	
	(c) DITIONS CONTRIBUTING TO DEATH BUT N	OT DELATED TO THE TERMINAL DISEASE O	DE CONDITION CIVEN IN DA	DT 1(a)	-
5717	DITIONS CONTRIBUTING TO DEATH BUT IN	OL KETALED TO THE TERMINAL DISEASE O	K CONDITION GIVEN IN PAI	K1 1(0)	
19g. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YFS W	ERE FINDINGS CONSIDERED IN	CERTIFYING
19a. DATE OF OPERATION 19b. C	The state of the s	YES NO	CAUSES OF DEA		TAIN THO
		21c. HOW INJURY OCCURRED (Er		rt 1 or Part 2, Item 18.)	
OR CONTRIBUTING CAUSE OF DEATH					
		TORY.) 21f. LOCATION Street ar R.F.D.	No. City or Tow	n County	State
While Not while at work					
	s haspital) attended the decease ive an SEPT 4	ed fram SEPT 1 , 19	_68 , to_SEPT	4 , 19 68 , the	at (X (we) las
saw the deceased al	ive an <u>SEPT 4</u> , (I) (we) (did) (did nat) view the	9.68., and that in (my) (aur) o	apinian death accurre	ed an the date and hav	r and fram th
22b. SIGNATURE	(u) (we) (uiu) (uiu iiui) view iiie	budy oner death.		22c. DATE SIGNED	
has L'A	Whereand M.	DEGREE PHYS.	MED. STAFF PHYS.	E 0/1/60	
224 DUVELCIANIS	A	220 ADDRICE	- HII3.		
NAME (Type) Chris	tina Feliciano, M	·D. 762	O YORK RD.	TOWSON, MD.	
23a. BURIAL <del>, CREMATIO</del> N, 23b. D	ATE 235 NAME OF	CEMPTERY OR CREMATORY	23d, LOCATION (City		/ (Stote)
REMOVAL (Specify) 9-	-9-68 11101c	land Memorial	Taylor,	Aux Balto	med
24 SUNERAL DIRECTOR	ADDRESS	/ 1/1. /		b. REGISTRAR'S SIGNATURE	
DUYGER FUNEY	0/ Hume 122/7	to My DATSE	P 1 0 1968	Jelianles Jan	141

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1:1161	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1816		12745 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12755
HEALTH DEPT.		CEASED-NAME First Charles Martiffle Winterlinglost 20. DATE KNOWN Month OF ESTI-	Day Yeor 2b, HOUR
of ge to		Diaches Martin Winterling DEATH MATED 9	11 1968 415 And
ment Po	3. \$	X 4. RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) 6. MONTHS DAYS HOURS (MI)N Month Doy	2d HOUR
The state of the s	Y	) W 7 27 38 30 YRS " W 7"	Year 19 68 4150N
n. 2, p. P. Departi		IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED INCOMES 9. COUNTY OF DEATH	
fe fa		U.S. H WIDOWED DIVOKED DE DAILEMANE.	Me
the State	10. (B	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
death.	13a.	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	21206
~	0	Imission) STATE md. 13b. COUNTY TIS Baito. YES NO 16415 Rid	geview Auc
1 and 3	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
		Albert Winterling Marie Stock	
pages		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  (If yes give wor or dates of service)	
72		es, no or unknown) (If yes give wor or dates of service) 212-36-4009 Albert Winterling Sr. 6415 Ri	dgeview Ave.
_		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  Clean Crenary O calcuse	10 mm
- ÷		DUE TO, OR AS A CONSEQUENCE OF	
burial-transit I in any evel		Conditions, if any, which gove rise to immediate cause (a), (b)	
any		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
2.5	-	last. (t)	
pup		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
remaval, a	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
DW.	FICAT	WAS PERFORMED?	
97 70	CERTIFICATION	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	YES NO
		PRIMARY OR CONTRIBUTING HOUR A.M.	ent 10.)
crematian,	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK AT WORK	31016
		220. I certify that I taak charge of the remoins described above, held an Autopsy , Inspection Inquiry	and in my opinion
burial,	1	death resulted frage: Natural causes , Accident , Suicide , Homicide . Undetermined manner	-
0		CHIEF MEDICAL EXAMINER	
_		ACTUAL SIGNATURE . SIGNATURE . ASSISTANT MEDICAL EXAMINER . 22b. DATE	SIGNED /
4		ROSYGANORE MEDITY MEDICAL EXAMINED	9/12/68
曹太		NAME (Type) I MELSON MEKAY MIL Bellemon Me 2 Paddress (Street, city, town, or county)	11
Health prio	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		Burial 9-14-1968 Sacred Heart Baltimore County	Maryland
^	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
(5)	LV	Lilly & Zeiler Inc. 1901-07 Eastern Ave.	les Judges

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	ME GIVE DEPARTMENT OF HEALTH	
On the second	12746 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	CERTIFICATE OF DEATH 12756	
death.	ECEASED-NAME Type or print)  CLARENCE Middle Last 2a, DATE OF DEATH  SED Month Day Year 2b, HO  SED Month Day Year 21, 8 9 12	UR M
after he fui ges 1 after	S. DATE OF BIRTH  6. AGE (In years   Funder / Lax   If under 24.  MONTHS DAYS HOURS    MONTHS DAYS HOURS   FUNDER 24.	HRS.
4 hours	BIRTHPLACE (Stote or foreign ntry)  7b. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED OF COUNTY OF DEATH  WIDOWED DIVORCED TO A LT, MORE	Md.
within 24 hours ely filled in by the bring pages. Pa	CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital give greet address) CA TENAY TERRET Ouring most of warking life, even if retired.)  12. USUAL OCCUPATION (Kind of work done give greet address) CA TENAY TERRET Ouring most of warking life, even if retired.)  11. NAME OF HOSPITAL OR INSTITUTION (If not in baspital or usual occupation) (Kind of work done give greet address) CA TENAY TERRET OUR INDUSTRY.	R
urted smplet ve car event	USUAL RESIDENCE (Where deceased lived, if institution: Residence before list. CITY OR TOWN   13d. INSIDE CITY LIMITS?   13e. STREET AND NUMBER   13b. COUNTY BALTO. REBUTUS YES NO 12 4730 GATEWAY TERRAS	E
be existed and ereminant	FATHER'S NAME First CE Middle WOODEN IS. MOTHER'S MAIDEN NAME First ROBERTS	À
certificate physician her pleas	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service)  16b. SOCIAL SECURITY NO.  210-10-590 Charace E Wooden for Service)	of
V= 2	18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  COR PUL MONALE  12 MONTH.	
perrition,	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove)	RS
replies that the physician. signed by the burial-transit burial, cremain	rise to immediate cause (o), stating the underlying couse lost. 241 X  DUE TO, OR AS A CONSEQUENCE OF  (c) SEVERE ALLERGIC (AS+4 MATIC) BRONCHITIS IS YEAR	5.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  RECENT PNEUMO CO ECAL PNEUMONIA	
e la tend as as prio	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY?  YES NO  20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 121b. TIME OF INIURY 121c. HOW INIURY OCCURRED. (Finer nature of injury in Part 1 or Part 2 Item 18.)	1
IAN: ral o ficat far far	21a. ACCIDENT WAS UNDERLYING   21b. TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)    OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. Month Day Yeor   P.M.   19	
PHYSICIAN: ne hospital or this certificate etached far u Dept. af Hea	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while	
OR ATTENDING PHYSICIAL DIRECTOR: After this certificate 3 should be detached for led with the State Dept. of h.	22a. I certify that (I) (this hospital) attended the deceased from 4/19, 1956, ta 9/19, 1968, that (I) (saw the deceased alive an 1968, and that in (my) (aur) apinion death accurred on the date and haur and from causes stated abave, (I) (we) (did) (did nat) view the bady after death.	last the
OR ATTE	226. SIGNATURE  226. SIGNATURE  ATTENDING MED. STAFF 9/20/68	_
	22d. PHYSICIAN'S NAME (Type) JOHN H. HIRSCHFELD M.D. 22e. ADDRESS 6919 HARFORD ROAD BALTO 212	34
ro Hospital Page 4 may ro Funeral director, pag should be fil	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Igwn) (County) (State)	
VR A15 (4) 30M REV. (X)8	FUNERAL DIRECTOR  Comment of The Culorwellow Date SEP 2 3 1968 Clearly Judge	

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle unerol 1 ond 2 deoth. DECEASED-NAME First Lost 2g DATE OF DEATH 2b. HOUR deoth Daisy Ziegler (Type or print) I. Month September 3. SEX ofter 4. RACE White Sept. 30, 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 1875 Female last birthday) MONTHS HOURS within 24 hours 7a. BIRTHPLACE (State ar foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED 74 country) Maryland U. S. A. Baltimore WIDOWED | DIVORCED [ burial, cremation, or removal, and in any event, within 72 filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Ridgeway Manor Nursing Home during most of warking life, even if retired.) McKim corbon Catonsville completely 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER executed 13b. COUNTY altimore odmission) STATE Maryland 2916 Dunmurry Road Dundalk NO X YES 🗀 remove 14 FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last puo William Ziegler Ellen ? ficote be Mary lease physician Address Dundalk, Md. 17. INFORMANT (Nephew) 16b. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) Mr. William A. Ziegler, 2916 Durmurry Rd. 212-03-3468 g phy Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH A smarthago PART I. DEATH WAS CAUSED BY: permit. 1 Pm IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) signed by the burial-transit rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) prior to has been os the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? OR ATTENDING PHYSICIAN: The YES 🗍 **TO FUNERAL DIRECTOR:** After this certificate had director, page 3 should be detached for use should be filed with the Stote Dept. of Health p NO X TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased, fram 1967. to saw the deceased glive an 3 1962, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** Sept. 26. 1968 DEGREE PHYS DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S William Goodman M.D. 1334 Sulphur Spring Rd. NAME (Type) Balto. Md. 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) /28/68 REMOVAL (Specify) Druid Ridge Cemetery Pikesville, Md. VR A15 (0) 2Sb. REGISTRAR'S SIGNATURE <sup>24</sup>John J. Duda, 7922 Wise Ave. Dundalk, Md. 2Sq. REC'D BY REGISTRAR 1968 Ochanie 30M REV.

MARYLAND STATE DEPARTMENT OF HEALTH

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